



**State of Rhode Island
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
000304568	WEEKAPAUG INN RESTAURANT, LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Steven Souls

Business Name:

No. and Street: 31 Bay St

City or Town: Westerly

State: RI

Zip: 02891

Country: USA

Contact Phone: 4015847051 ext:

Contact Email: ssouls@oceanhouserri.com