

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
000002784	Breezeway Motel, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: MELISSA BELLONE

Business Name: $\frac{-}{BREEZEWAY\ MOTEL\ INC.}$ No. and Street: $\frac{70\ WINNAPAUG\ ROAD}{}$

City or Town: WESTERLY State: RI Zip: 02891 Country: USA

Contact Phone: <u>4013488953</u> ext:

Contact Email: MELISSA@BREEZEWAYRESORT.COM

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