



**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
000072100	The Newport Brewing Company	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Christian B. Shelton

Business Name: APPLE HEALTH CARE INC

No. and Street: 21 WATERVILLE ROAD

City or Town: AVON

State: CT

Zip: 06001

Country: USA

Contact Phone: 8606789755 ext:

Contact Email: MSTPIERRE@APPLE-REHAB.COM