



**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
000235381	CHAPEL HOTEL, LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Priscilla West

Business Name: Chapel Hotel LLC

No. and Street: PO Box 2516

City or Town: Fall River

State: MA

Zip: 02722

Country: USA

Contact Phone: 508-679-1180 ext:

Contact Email: Priscilla@FirstBristol.com