



**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
000738791	MAIN HOTEL LLC	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Priscilla West

Business Name: Main 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