

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
001745927	Newport Protective Club	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: <u>Stephanie Y. Drum</u>
Business Name: <u>RODRIGUES DRUM</u>

No. and Street: $\underline{PO\ BOX\ 71}$

CARVER

City or Town: New Bedford State: MA Zip: 02355 Country: USA

Contact Phone: <u>5082770899</u> ext:

 ${\tt Contact\ Email:}\ \underline{STEPHANIE@RDCPAS.COM}$

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