



State of Rhode Island and Providence Plantations
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 *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
000127609	SwimEx, Inc.	Letter of Status / Legal Existence

Total Fee: \$22.00

Filer's Contact Information

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

Contact Name: KAREN DIAS

Business Name: SWIMEX, INC.

No. and Street: 846 AIRPORT ROAD

City or Town: FALL RIVER

State: MA

Zip: 02720

Country: US

Contact Phone: 5086461600 ext:

Contact Email: KDIAS@SWIMEX.COM

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.