



**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**

ID	ENTITY NAME	CERTIFICATE TYPE
001337293	PODS SWIM, LLC	Certificate of Good Standing
000237625	PODS Swimming Inc.	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: Kerri Gibbons

Business Name: DCDC

No. and Street: 124 Grove Street  
Suite 220

City or Town: Franklin

State: MA

Zip: 02038

Country: USA

Contact Phone: 5085413000 ext:

Contact Email: kdg@dcdclaw.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.**