



**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
001690565	SUAVE ATHLETICS LLC	Certificate of Good Standing - Long Form

**Filer's Contact Information**

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

Contact Name: ANTHONY W. CONCEPCION

Business Name:

No. and Street: 3115 NE 184TH ST APT 4303

City or Town: AVENTURA

State: FL

Zip: 33160

Country: USA

Contact Phone: 508-250-8568 ext:

Contact Email: SUAVEATHLETICS@ICLOUD.COM