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
000046905	SOUTHWIND CORPORATION	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Christine M. Reed
Business Name: George M. Cappello, Ltd.
No. and Street: 942 PARK AVENUE
City or Town: CRANSTON State: RI Zip: 02910 Country: USA
Contact Phone: 4019411010 ext:
Contact Email: christine@cappellolaw.com