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
000052932	SEEKONK LEASING, INC.	Certificate of Good Standing

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

Contact Name: June StuartVeader
Business Name:
No. and Street: 2283 Gar hwy
City or Town: Swansea State: M A Zip: 02777 Country: USA
Contact Phone: 4014654455 ext:
Contact Email: Junes@bristoltoyota.com