



**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
000127609	SwimEx, Inc.	Certificate of Good Standing

Filer's Contact Information

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

Contact Name: Suzanne Vaughan

Business Name: SwimEx

No. and Street: 390 Airport Rd

City or Town: Fall River

State: MA

Zip: 02720

Country: USA

Contact Phone: 5182075596 ext:

Contact Email: svaughan@swimex.com