



**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** *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
000147568	TurnKey Benefits, Inc.	Good Standing Certificate

**Total Fee: \$22.00**

**Filer's Contact Information**

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

Contact Name: KATHY EVELO

Business Name:

No. and Street: 8330 ALLISON POINTE TRAIL

City or Town: INDIANAPOLIS State: IN Zip: 46250 Country: US

Contact Phone: 317-284-7100 ext:

Contact Email: KEVELO@KEYBENEFIT.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.**