



**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**

ID	ENTITY NAME	CERTIFICATE TYPE
001022167	TMC KEYWEST LLC	Certificate of Good Standing

**Filer's Contact Information**

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

Contact Name: TONY CAMARA

Business Name: TMC KEYWEST LLC

No. and Street: MANCHESTER ST SUITE 12

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

Contact Phone: 4015452567 ext:

Contact Email: TMCKEYWESTLLC@GMAIL.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.**