



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 152995		2. Exact name of the limited liability company TKG Management LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Property Management			
5. Principal office address 10 Memorial Blvd Suite 901		City Providence		State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard J. Bornstein		Contact Title Manager			
Street Address 10 Memorial Blvd Suite 901		City Providence		State RI	Zip 02903
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Richard J. Bornstein		Manager Name Anthony J. DeLuca			
Street Address 10 Memorial Blvd Suite 901		Street Address 10 Memorial Blvd Suite 901			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Scott J. Summer, Esq.		Address Montaquila & Summer, PC			
Address 400 Reservoir Avenue, Suite 3A		City Providence		Zip 02907	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

152995

FILED	
File Date	NOV 30 2007
Check No.	934 mnc
By	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person
Anthony J. DeLuca
Date
11/25/07
Print or Type Name of Authorized Person