



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**  
Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 140876		2. Name of Corporation TLD INC		
3. Street Address Principal Business Office 1081 BROAD ST		City PROVIDENCE	State RI	Zip 02905
4. Business Phone No. (401) 461-39-82		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name THOMAS OMONKHEGBE		Vice President Name N/A		
Street Address 93 BABCOCK ST		Street Address N/A		
City PROVIDENCE	State RI	Zip 02905	City N/A	State N/A
Secretary Name N/A		Treasurer Name N/A		
Street Address N/A		Street Address N/A		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name THOMAS OMONKHEGBE		Director Name N/A		
Street Address 93 BABCOCK ST		Street Address N/A		
City PROVIDENCE	State RI	Zip 02905	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100		0.00	100	
				0.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

File Date **FILED**  
Check No. DEC 17 2007  
By: CM-044553 9-46  
FOR SECRETARY OF STATE USE ONLY

Signature THOMAS OMONKHEGBE Date 12/17/07  
Print or Type Name PRESIDENT  
Title