



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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. 140870		2. Name of Corporation TKO Inc.			
3. Street Address Principal Business Office 1081 Broad Street			City providence	State RI	Zip 02905
4. Business Phone No. 401-461-3982		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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS OMONKHGEBE			Vice President Name N/A		
Street Address 93 BABCOCK STREET			Street Address N/A		
City PROVIDENCE	State RI	Zip 02905	City N/A	State N/A	Zip N/A
Secretary Name N/A			Treasurer Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name THOMAS OMONKHGEBE			Director Name N/A		
Street Address 93 BABCOCK STREET			Street Address N/A		
City PROVIDENCE	State RI	Zip 02905	City N/A	State N/A	Zip N/A
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
N/A 100	STJL	0.00	N/A	N/A	N/A
N/A			N/A	N/A	N/A

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.

File Date **FILED**
Check No. **DEC 17 2007**
By: **044553 9:46**
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 THOMAS OMONKHGEBE Date 11/30/07
Print or Type Name
PRESIDENT
Title