



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. <u>140870</u>		2. Name of Corporation <u>TICO Inc</u>									
3. Street Address Principal Business Office <u>1081 BROAD ST</u>		City <u>PROV</u>	State <u>RI</u>	Zip <u>02905</u>							
4. Business Phone No. <u>(401) 461-3982</u>		5. State of Incorporation <u>RHODE ISLAND</u>									
6. Brief Description of the Character of Business Conducted in Rhode Island <u>REAL ESTATE</u>											
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name <u>THOMAS OMONKHEGBE</u>		Vice President Name <u>LUDIRAT OMONKHEGBE</u>									
Street Address <u>93 BABCOCK STREET</u>		Street Address <u>93 BABCOCK STREET</u>									
City <u>PROV</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02905</u>						
Secretary Name <u>N/A</u>		Treasurer Name <u>N/A</u>									
Street Address <u>N/A</u>		Street Address <u>N/A</u>									
City	State	Zip	City	State	Zip						
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name <u>THOMAS OMONKHEGBE</u>		Director Name									
Street Address <u>93 BABCOCK ST</u>		Street Address									
City <u>PROV</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip						
Director Name		Director Name									
Street Address		Street Address									
City	State	Zip	City	State	Zip						
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES						10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series		Par Value	
<u>100</u>				<u>0.00</u>		<u>100</u>				<u>0.00</u>	

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.

FILED

JAN 29 2008

By [Signature]

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 _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

RECEIVED
JAN 29 2008
SECRETARY OF STATE

Signature [Signature] Date 1/29/08
Print or Type Name THOMAS OMONKHEGBE
Title PRESIDENT