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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 2009

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.	2. Name of Corporation			
146631	T-OHK LLC			
3. Street Address Principal Business Office		City	State	Zip
71 WINGATE RD		PROVIDENCE	RI	02906
4. Business Phone No.	5. State of Incorporation			
401-965-3661	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF REAL ESTATE INVESTMENT.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name				Vice President Name			
LOUIS TIP				TZE PING NG			
Street Address				Street Address			
71 WINGATE RD				76 MIDDLE RD			
City	State	Zip		City	State	Zip	
PROVIDENCE	RI	02906		E. GREENWICH	RI	02818	
Secretary Name				Treasurer Name			
LOUIS TIP				LOUIS TIP			
Street Address				Street Address			
71 WINGATE RD				71 WINGATE RD			
City	State	Zip		City	State	Zip	
PROVIDENCE	RI	02906		PROVIDENCE	RI	02906	

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	NO PAR

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
MAR 31 2009
By

File Date _____
Check No. _____
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 _____ *Date* 3/29/09

LOUIS TIP
Print or Type Name

PRESIDENT
Title

32085-1-352481

Form 630 Rev. 08/08