STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company
000794410	TK Investments LLC
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
RI	Real Estate investments

5. Principal office address	City	State	Zip
128 Cleveland St.	Central Falls	RI	02863

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Jenna Correia	

Street Address	City	State	Zip
59 Anna Ct.	Seekonk	MA	02771

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Keith Correia	Jenna Correia
Street Address	Street Address
59 Anna Ct.	128 Cleveland St.
City / State / Zip	City / State / Zip
Seekonk / MA / 02771	Central Falls / RI / 02863
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

2014 SEP 12 AM 11:23
SECRETARY OF STATE
CORPORATIONS DIV.

FILED
SEP 12 2014
By 232097
A.A. 11:24 A.M.

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.

8-1-14
Signature of Authorized Person — Date

Jenna Correia
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012