



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2015
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 AUG 28 AM 9:59

1. Entity ID Number 000103079		2. Exact name of the Corporation TKC Holding Corp.			
3. Principal Office Address 675 McDonnell Blvd.			City Hazelwood	State MO	Zip 63042
4. NAICS Code 62 - Health Care and Social As	6. Brief description of the character of business conducted in Rhode Island Healthcare				
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathleen A. Schaefer			Vice-President Name Marvin R. Haselhorst		
Street Address 675 McDonnell Blvd.			Street Address 675 McDonnell Blvd.		
City Hazelwood	State MO	Zip 63042	City Hazelwood	State MO	Zip 63042
Secretary Name Stephen A. Welch			Treasurer Name John E. Einwalter		
Street Address 675 McDonnell Blvd.			Street Address 675 McDonnell Blvd.		
City Hazelwood	State MO	Zip 63042	City Hazelwood	State MO	Zip 63042
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kathleen A. Schaefer			Director Name Marvin R. Haselhorst		
Street Address 675 McDonnell Blvd.			Street Address 675 McDonnell Blvd.		
City Hazelwood	State MO	Zip 63042	City Hazelwood	State MO	Zip 63042
Director Name John E. Einwalter			Director Name		
Street Address 675 McDonnell Blvd.			Street Address		
City Hazelwood	State MO	Zip 63042	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. 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.					
Name of Authorized Representative Marvin R. Haselhorst					Date 7-25-17
Signature of Authorized Representative <i>Marvin R. Haselhorst</i>					

SIGN DOCUMENT HERE

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FORM 630 - Revised: 02/2017