



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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

**Annual Report for the year: 2014**

**Corporation**

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

1. Entity ID Number <b>000103079</b>		2. Exact name of the Corporation <b>TKC Holding Corp.</b>			
3. Principal Office Address <b>675 McDonnell Blvd.</b>			City <b>Hazelwood</b>	State <b>MO</b>	Zip <b>63042</b>
4. NAICS Code <b>62 - Health Care and Social Ass</b>		6. Brief description of the character of business conducted in Rhode Island <b>Healthcare</b>			
5. State of Incorporation <b>Delaware</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kathleen A. Schaefer</b>			Vice-President Name <b>Marvin R. Haselhorst</b>		
Street Address <b>675 McDonnell Blvd.</b>			Street Address <b>675 McDonnell Blvd.</b>		
City <b>Hazelwood</b>	State <b>MO</b>	Zip <b>63042</b>	City <b>Hazelwood</b>	State <b>MO</b>	Zip <b>63042</b>
Secretary Name <b>Stephen A. Welch</b>			Treasurer Name <b>John E. Einwalter</b>		
Street Address <b>675 McDonnell Blvd.</b>			Street Address <b>675 McDonnell Blvd.</b>		
City <b>Hazelwood</b>	State <b>MO</b>	Zip <b>63042</b>	City <b>Hazelwood</b>	State <b>MO</b>	Zip <b>63042</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kathleen A. Schaefer</b>			Director Name <b>Marvin R. Haselhorst</b>		
Street Address <b>675 McDonnell Blvd.</b>			Street Address <b>675 McDonnell Blvd.</b>		
City <b>Hazelwood</b>	State <b>MO</b>	Zip <b>63042</b>	City <b>Hazelwood</b>	State <b>MO</b>	Zip <b>63042</b>
Director Name <b>John E. Einwalter</b>			Director Name		
Street Address <b>675 McDonnell Blvd.</b>			Street Address		
City <b>Hazelwood</b>	State <b>MO</b>	Zip <b>63042</b>	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		CWP
					PAR VALUE
					1.00
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.					
<b>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.</b>					
Name of Authorized Representative <b>Marvin R. Haselhorst</b>					Date <b>7-25-17</b>
Signature of Authorized Representative 					<b>FILED</b>

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

**AUG 28 2017 10:04**  
 BY CA 311/33 FORM 630 - Revised: 02/2017