



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2010**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 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 Ass	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	City Hazelwood	State MO
Zip 63042		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	City Hazelwood	State MO
Zip 63042		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	City Hazelwood	State MO
Zip 63042		Zip 63042	
Director Name John E. Einwalter		Director Name	
Street Address 675 McDonnell Blvd.		Street Address	
City Hazelwood	State MO	City	State
Zip 63042		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	
		1000	CWP
			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. 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

AUG 28 2017 10:00

BY *Ch* 311/33

FORM 630 - Revised: 02/2017