	State of Rhode Island and Pro Office of the Secreta	
	Division Of Business 148 W. River S	
	Providence RI 0290	
HOPE	(401) 222-30	
imited Liability Con	nany	
Annual Report	ipany	
iling Period: September 1	- November 1	
	. 7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.	
ANNUAL REPORT YEAR	: <u>2017</u>	
1. ID No. <u>00079441</u>	0	
2. Exact Name of the L	mited Liability Company $\underline{T \ K \ INV}$	'ESTMENTS LLC
3. State of Formation		
State: <u>RI</u>		
	ARTICLE III	
<u>531390</u>	e information on <u>NAICS</u> can be found	
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Island
REAL ESTATE INVES	<u>TMENTS</u>	
5. Principal Office Addre	255	
	ANNA COURT	
City or Town: <u>SE</u>	EKONK State: MA	<u>A</u> Zip: <u>02771</u> Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:
Contact Name: JENNA	ELIAS Contact Title: MANAGER	
No. and Street: 57	REED STREET	
City or Town: <u>REI</u>	<u>HOBOTH</u> State: <u>M</u>	<u>A</u> Zip: <u>02769</u> Country: <u>USA</u>
7. Name and Address o DO NOT LIST MEMBE	f Each Manager of the Limited Liak RS	ility Company, if Applicable.
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	KEITH J CORREIA	59 ANNA COURT SEEKONK, MA 02771 USA
MANAGER	JENNA LEIGH ELIAS	59 ANNA COURT

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KEITH CORREIA 77 FRASER STREET EAST PROVIDENCE, RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 7 Day of November, 2017 at 3:23:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>JENNA ELIAS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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