	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
	148 W. River St		
Providence RI 02904-2615			
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>001668488</u>			
2. Exact Name of the Limited Liability Company <u>TLK LLC</u>			
3. State of Formation			
State: <u>RI</u>			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. 812310			
012510			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted	d in Rhode Island
COIN OPERATED LAU	JNDROMAT		
5. Principal Office Addre	SS		
No. and Street: 280 I	OCASSET AVENITE		
No. and Street:280 POCASSET AVENUECity or Town:PROVIDENCEState: RIZip: 02909Country: USA			
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Pe	erson:
Contact Name: BRUCE TRIEU Contact Title: OWNER			
No. and Street: 184 RICHARD ROAD			
City or Town: BRAINTREE State: MA Zip: 02184 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BRUCE TRIEU 268-280 POCASSET AVENUE PROVIDENCE , RI 02907

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

Signed this 27 Day of October, 2020 at 8:00:45 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>BRUCE TRIEU</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved