

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 APR 19 A 10:49

1. Entity ID Number <u>1075977</u> 000500174		2. Exact name of the Corporation T & K CORPORATION			
3. Principal Office Address 140 MAIN STREET			City PASCOAG	State RI	Zip 02859
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name THOMAS TZEREMES			Vice-President Name		
Street Address 24 JEPHERSON DRIVE			Street Address		
City DOUGLAS	State MA	Zip 01516	City	State	Zip
Secretary Name CONSTANTIN TZEREMES			Treasurer Name THOMAS TZEREMES		
Street Address 24 JEPHERSON DRIVE			Street Address 24 JEPHERSON DRIVE		
City DOUGLAS	State MA	Zip 01516	City DOUGLAS	State MA	Zip 01516
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name THOMAS TZEREMES			Director Name CONSTANTINOS TZEREMES		
Street Address 24 JEPHERSON DRIVE			Street Address 24 JEPHERSON DRIVE		
City DOUGLAS	State MA	Zip 01516	City DOUGLAS	State MA	Zip 01516
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		STK	0
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. <i>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.</i> FILED					
Name of Authorized Representative <i>Thomas Tzeremes</i>					Date 4/17/23
Signature of Authorized Representative THOMAS TZEREMES					

APR 19 2023
BY *[Signature]* 10:50

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov