

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

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

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R.I. DEPT. OF STATE
BUS SERVICES DIV

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1. Entity ID Number 05220124 <u>107597</u>		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.						
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 <u>Thomas Tzeremes</u>				FILED	Date <u>4/17/23</u>	
Signature of Authorized Representative THOMAS TZEREMES						

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 18 2023
BY R F OSB
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