

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

→ Filing period: February 1 - May 1→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|------------------------------------|--|--|---------------------|----------------------|--|
| 001658244 | TKO DEVELOPMENT, LLC | | | | |
| 3. NAICS Code 531390 | Brief description of the character of business conducted in Rhode Island | | | | |
| 5. State of Formation Rhode Island | Buy and or /build co | Buy and or /build commercial and residential properties to sell or rent. | | | |
| 6. Principal Office Address | | City | State | Zıp | |
| 14 Sextant Lane | | Narragansett | RI | 02882 | |
| 7. Mailing Address of Limite | d Liability Company and Name o | r Title of Contact Person | | | |
| Contact Name Ken Lockhart | | Contact Title Owner | | | |
| Street Address 14 Sextant Ln | | City Narragansett | State RI | ^{Zip} 02882 | |
| 8. The Resident Agent infor | mation currently of record with th | e RI Department of State is accurat | le. Changes require | e filing Form 642. | |
| | y, I declare and affirm that I ha tatements contained herein are | ve examined this report, including true and correct. | g any accompany | ring schedules and | |
| Name of Authorized Person | | | Date | | |
| Ken Lockhart | | 07/31/2025 | | | |
| Signature of Authorized Per | son | | | | |

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BY LLMGM

MAIL TO:

Division of Business Services

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