

State of Rhode Island

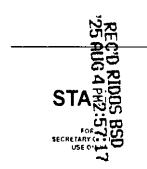
Department of State - Business Services Division

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 commercial and residential properties to sell or rent.			
6. Principal Office Address		City	State	Zip
14 Sextant Lane		Narragansett	RI	02882
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person	•	•
Contact Name Ken Lockhart		Contact Title Owner		
Street Address 14 Sextant Ln		City Narragansett	State RI	^{Z_{ip}} 02882
8 The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person			Date	
Ken Lockhart			07/31/2025	
Signature of Authorized Person				

BY 16mbm 2:57

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov