RI SOS Filing Number: 200702964370 Date: 10/26/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

vendor #3769

A. Ralph Mollis, ~~*Secretary of State*~~
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No	2. Exact name of the limited liability company
159130	TMG OF NEW ENGLAND, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
GEORGIA	RESTAURANT/FOOD SERVICE

5. Principal office address	City	State	Zip
133 Luckie Street NW, 6th Floor	ATLANTA	GA	30303

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
ASHLEY PARKS	LICENSES & PERMITS

Street Address	City	State	Zip
133 Luckie Street NW, 6th Floor	ATLANTA	GA	30303

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
GEORGE W. MCKERROW JR.	133 LUCKIE STREET NW, 6TH FLOOR	ATLANTA	GA	30303

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903

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

159130

FILED

File Date OCT 26 2007

Check No. By 56902

By:

16171-128-198934
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person *Date* 10/24/2007.

GEORGE W. MCKERROW JR.
Print or Type Name of Authorized Person

Form 632 Rev. 07/07