



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

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |       |                                                                     |                               |                         |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------|-------------------------------|-------------------------|-----|
| 1. Corporate ID No.<br><b>542611</b>                                                                                                                       |       | 2. Name of Corporation<br><b>TMG Associates Inc</b>                 |                               |                         |     |
| 3. Street Address Principal Business Office<br><b>1395 Atwood Ave Ste 210</b>                                                                              |       | City<br><b>Johnston</b>                                             | State<br><b>RI</b>            | Zip<br><b>02919</b>     |     |
| 4. Business Phone No.<br><b>632-4470</b>                                                                                                                   |       | 5. State of Incorporation<br><b>RI</b>                              |                               |                         |     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>Marketing</b>                                                            |       |                                                                     |                               |                         |     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |       |                                                                     |                               |                         |     |
| President Name<br><b>Dwain Veader</b>                                                                                                                      |       | Vice President Name<br><b>Michael Theroux</b>                       |                               |                         |     |
| Street Address<br><b>Same</b>                                                                                                                              |       | Street Address<br><b>Same</b>                                       |                               |                         |     |
| City                                                                                                                                                       | State | Zip                                                                 | City                          | State                   | Zip |
| Secretary Name                                                                                                                                             |       | Treasurer Name                                                      |                               |                         |     |
| Street Address                                                                                                                                             |       | Street Address                                                      |                               |                         |     |
| City                                                                                                                                                       | State | Zip                                                                 | City                          | State                   | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |       |                                                                     |                               |                         |     |
| Director Name<br><b>None</b>                                                                                                                               |       | Director Name                                                       |                               |                         |     |
| Street Address                                                                                                                                             |       | Street Address                                                      |                               |                         |     |
| City                                                                                                                                                       | State | Zip                                                                 | City                          | State                   | Zip |
| Director Name                                                                                                                                              |       | Director Name                                                       |                               |                         |     |
| Street Address                                                                                                                                             |       | Street Address                                                      |                               |                         |     |
| City                                                                                                                                                       | State | Zip                                                                 | City                          | State                   | Zip |
| 9. SHARES AUTHORIZED                                                                                                                                       |       | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                               |                         |     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |       | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                               |                         |     |
|                                                                                                                                                            |       | Number of Shares<br><b>10</b>                                       | Class/Series<br><b>Common</b> | Par Value<br><b>\$1</b> |     |
|                                                                                                                                                            |       |                                                                     |                               |                         |     |

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.

**FILED**  
File Date **FEB 23 2011 9:46**  
Check No. **By 138052**  
By **KMC**  
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 **Dwain Veader**  
Date  
Print or Type Name  
**Pres.**  
Title