

A. Ralph Mollis, Secretary of State Corporations Divisio

148 W. River Stre Providence, RI 02904-261

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.304 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 thirm (30) down that the same its desired period in the law (B.I.G.L. 7-1.2-1501).

subject to a penalty fee of \$25.00.	1.2-1901(e), euch corporatu	m failing or refusing to file its.	annual report within thirty (30) days after the time prescribed b	y law (R.I.G.L. 7-1.2-1501(c&d))
1. Corporate ID No. 121168	2. Name of Corporation TME, Inc				
3. Street Address Principal Busine 30 Phenix Ave	ess Office		City Cranston	State	Zip
4. Business Phone No. 5. State of Incorporation			RI	02920	
Rhode Island					
To Professional Address 7. NAMES AND ADDRESS President Name			TACHMENT) FILL II	N SPACES BEFORE USIN	G ATTACHMENTS
Robert W. Zompa II			Vice President Name Michael Sarenson		
Street Address 142 Cornell Street			Street Address 25 Elm Drive		
City Cranston	State RI	^{Zip} 02920	City Cranston	State RI	Zip 02 92 0
Secretary Name Robert W. Zompa II			Treasurer Name Michael Sarenson		
Street Address			Street Address		
142 Cornell Street			25 Elm Drive		
City Cranston	State RI	<i>Ζip</i> 02920	Craneton	State	Ζip
8. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	RS: ("X" ROX FOR AT	CIDISION	RI	02920
Director Name			Director Name	IN SPACES BEFORE USI	NG ATTACHMENTS
treet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	J		Director Name		
Street Address			Street Address		
72			oree Augress		
City	State	Zip	City	State	Zip
). SHARES AUTHORIZED	•	1	io. Shares issued	 ("X" BOX FOR ATTAC	HMENT) [
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Sbares	Class/Series	Par Value
			300	Common	No Par
his report must be executed his report must be executed	on behalf of the corp	oration by an authorize	d representative. If the	cornection is in the bank	
nis report must be executed	on behalf of the corp	oration by the receiver of	or trustee.	orporation is in the hand	s of a receiver or trustee,
			Under penalty of	erjury, I declare and affirm t	hat I have examined this repor
FILED]	contained herein a	EURANVING Schedules and eta	tements, and that all statemen
ile Date			17717	of the and correct.	^/ /
heck NoSEP 2 7 20	11		Signature	Killia/	4/20/11
heck NoSEP 2 7 20	91/		Michael Sare	enson	Date
y:	100		Print or Type Name		
FOR SECRETARY OF STA	TE USE ONLY		Vice Preside	ent	

Title