



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 2012

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. 52005		2. Name of Corporation TDM ENTERPRISES, INC.			
3. Street Address Principal Business Office c/o Joseph Raheb, Esq., 650 Washington Hwy.			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 333-3377		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Operation of a restaurant					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott A. McGee			Vice President Name Thomas P. McGee, IV		
Street Address P.O. Box 381			Street Address 125 Black Plain Road		
City Slatersville	State RI	Zip 02876	City North Smithfield	State RI	Zip 02876
Secretary Name Scott A. McGee			Treasurer Name Thomas P. McGee, IV		
Street Address P.O. Box 381			Street Address 125 Black Plain Road		
City Slatersville	State RI	Zip 02876	City North Smithfield	State RI	Zip 02876
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Scott A. McGee			Director Name Thomas P. McGee, IV		
Street Address P.O. Box 381			Street Address 125 Black Plain Road		
City Slatersville	State RI	Zip 02876	City North Smithfield	State RI	Zip 02876
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	Class/Series	Par Value
			200	Common	No Par Value

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

MAR 14 2012

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.

File Date _____ BY Jim
 Check No. 29166203
 By: _____
 FOR SECRETARY OF STATE USE ONLY

Signature Scott Mollis Date 1-11-12
 Print or Type Name Scott Mollis Date 1-11-12
 Title owner