

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000159130	2 Exact name of the limited liability company TMG of New England, LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island Restaurant Food Service				
5. Principal office address 133 Luckie ST NW 4th Floor			City Atlanta	State GA	Zip 30303
6. MAILING ADDRESS OF LII Contact Name	MITED LIABILIT	Y COMPANY AND NA	Contact Title		
Street Address 133 Luckie ST NW 4th Floor			City Atlanta	npliance Coordinat State GA	Zip 30303
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		RESSES) OF THE LI	WITED LIABILITY COMPANY	, IF APPLICABLE - DO	NOT LIST MEMBERS
Manager Name George W. McKerrow Jr.			Manager Name		
Street Address 3915 The Highlands NW			Street Address		
City Atlanta	State GA	Zip 30327	City	State	Zip
Manager Name			Manager Name 29 000		
Street Address			Street Address		
City	State	Zip	City	State	Zip 2
8. RESIDENT AGENT IN RHO	DE ISLAND		, ., ., .		2 2 76
This information is currently	of record in th	e Office of the Secret	ary of State. Changes requi	re filing Form 642.	
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File Date _____

Check No _____

By: ____

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 etalements contained herein are true and correct.

O8/23/2012

Signature of Authorized Person

Date

George W. McKerrow Jr.

Print or Type Name of Authorized Person