



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  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>52005</b>		2. Exact name of the Corporation <b>TDM ENTERPRISES, INC.</b>								
3. Principal office address <b>C/O JOSEPH RAHEB, ESQ., 650 WASHINGTON HWY.</b>			City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>					
4. Business Phone No. <b>401-333-3377</b>			5. State of Incorporation <b>RHODE ISLAND</b>							
6. Brief description of the character of business conducted in Rhode Island <b>OPERATION OF A RESTAURANT</b>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <b>SCOTT A. McGEE</b>			Vice-President Name <b>THOMAS P. McGEE, IV</b>							
Street Address <b>P.O. BOX 381</b>			Street Address <b>125 BLACK PLAIN ROAD</b>							
City <b>SLATERSVILLE</b>	State <b>RI</b>	Zip <b>02876</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>					
Secretary Name <b>SCOTT A. McGEE</b>			Treasurer Name <b>THOMAS P. McGEE, IV</b>							
Street Address <b>P.O. BOX 381</b>			Street Address <b>125 BLACK PLAIN ROAD</b>							
City <b>SLATERSVILLE</b>	State <b>RI</b>	Zip <b>02876</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name <b>SCOTT A. McGEE</b>			Director Name <b>THOMAS P. McGEE, IV</b>							
Street Address <b>P.O. BOX 381</b>			Street Address <b>125 BLACK PLAIN ROAD</b>							
City <b>SLATERSVILLE</b>	State <b>RI</b>	Zip <b>02876</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>					
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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						200	COMMON	NO PAR VALUE		

2014 MAR 21 AM 10:22  
 SECRETARY OF STATE  
 CORPORATIONS DIV

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**

MAR 21 2014

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 Representative

Date

**SCOTT A. McGEE**

Print or Type Name of Authorized Representative

BY MU 220535