



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

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. 535685		2. Exact name of the limited liability company T.M.F. ENTERPRISES, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Property Management			
5. Principal office address 20 Morgan Drive		City Narragansett		State RI	Zip 02882
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Steven A. Moretti, Esq.		Contact Title Registered Agent			
Street Address 1140 Reservoir Avenue		City Cranston		State RI	Zip 02920
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Jose M. Gomez		Manager Name Felix R. Rodriguez			
Street Address 20 Morgan Drive		Street Address 126 Cliff Drive			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Manager Name Maria T. Rodriguez		Manager Name			
Street Address 126 Cliff Drive		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

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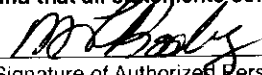
File Date _____

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 statements contained herein are true and correct.


Signature of Authorized Person

9-24-14
Date

Maria T. Rodriguez

Print or Type Name of Authorized Person