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.	2. Exact name of the limited liability company		
535685	**T.M.F. ENTERPRISES, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	**Property Management**		
5. Principal office address	City	State	Zip
20 Morgan Drive	**Narragansett**	**RI**	**02882**
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name	Contact Title		
Steven A. Moretti, Esq.	**Registered Agent**		
Street Address	City	State	Zip
1140 Reservoir Avenue	**Cranston**	**RI**	**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	Manager Name		
Jose M. Gomez	**Felix R. Rodriguez**		
Street Address	Street Address		
20 Morgan Drive	**126 Cliff Drive**		
City / State / Zip	City / State / Zip		
Narragansett / RI / 02882	**Narragansett / RI / 02882**		
Manager Name	Manager Name		
Maria T. Rodriguez			
Street Address	Street Address		
126 Cliff Drive			
City / State / Zip	City / State / Zip		
Narragansett / RI / 02882			
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

OCT 01 2014

BY 283

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 — Date: 9-24-14

Maria T. Rodriguez

Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012