	State of Rhode Island and Providence Plantations Fee: \$50 Office of the Secretary of State
	Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615
HOPE	(401) 222-3040
imited Liabilit	y Company
nnual Report	
iling Period: Sept	ember 1 - November 1
	R.I.G.L. 7-16-66(d), each limited liability company failing or refusing
	port within thirty (30) days after the time prescribed by law (R.I.G.L. 7- ect to a penalty fee of \$25.00.
ANNUAL REPOR	
l. ID No. <u>000</u>	<u>0986153</u>
. Exact Name of	f the Limited Liability Company <u>TMJL GROUP LLC</u>
3. State of Form	ation
State: <u>RI</u>	
Using the followin	<b>ARTICLE III</b> g NAICS codes, please select the code that best describes your business.
Using the followin	
NAICS Code	g NAICS codes, please select the code that best describes your business.
NAICS Code	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti	g NAICS codes, please select the code that best describes your business.
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NAICS Code 4. Brief Descripti INFORMATION 5. Principal Offic No. and Street:	g NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti INFORMATION 5. Principal Offic No. and Street: City or Town:	a NAICS codes, please select the code that best describes your business.
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NAICS Code 4. Brief Descripti INFORMATION 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre	a NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti INFORMATION 5. Principal Offic No. and Street: City or Town: 6. Mailing Addreet: Contact Name: No. and Street:	a NAICS codes, please select the code that best describes your business. 54 on of the Character of the Business Which is Actually Conducted in Rhode Island N SECURITY & BUSINESS RISK CONSULTING Address 2 MARINERS COVE EDGEWATER State: NJ Zip: 07020 Country: USA ss of Limited Liability Company and Name or Title of Contact Person: TODD HAMMOND Contact Title: FOUNDER PO BOX 3124
NAICS Code 4. Brief Descripti INFORMATION 5. Principal Offic No. and Street: City or Town: 6. Mailing Addreet: Contact Name: No. and Street:	a NAICS codes, please select the code that best describes your business.
NAICS Code 4. Brief Descripti INFORMATION 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name: No. and Street: City or Town:	g NAICS codes, please select the code that best describes your business.   6   54   on of the Character of the Business Which is Actually Conducted in Rhode Island   N SECURITY & BUSINESS RISK CONSULTING   e Address   2   2   MARINERS COVE   EDGEWATER   State: NJ   Zip:   07020   Country:   USA   s of Limited Liability Company and Name or Title of Contact Person:   TODD HAMMOND Contact Title:   FO BOX 3124   NARRAGANSETT   State: RI   Zip:   02882   Country:   USA   dress of Each Manager of the Limited Liability Company, if Applicable.
NAICS Code 4. Brief Descripti INFORMATION 5. Principal Offic No. and Street: City or Town: 6. Mailing Addreet: Contact Name: No. and Street: City or Town: 7. Name and Add	g NAICS codes, please select the code that best describes your business.   6   54   on of the Character of the Business Which is Actually Conducted in Rhode Island   N SECURITY & BUSINESS RISK CONSULTING   e Address   2   2   MARINERS COVE   EDGEWATER   State: NJ   Zip:   07020   Country:   USA   s of Limited Liability Company and Name or Title of Contact Person:   TODD HAMMOND Contact Title:   FO BOX 3124   NARRAGANSETT   State: RI   Zip:   02882   Country:   USA   dress of Each Manager of the Limited Liability Company, if Applicable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC ONE RICHMOND SQUARE, STE 125B PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

## Signed this 11 Day of November, 2016 at 11:47:39 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By TODD M HAMMOND

Signature of Authorized Person

Form No. 632 Revised 09/07

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