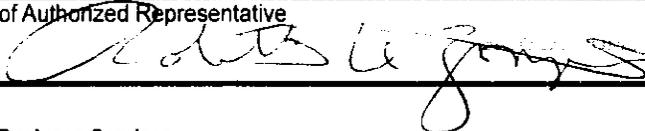




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 121168		2. Exact name of the Corporation TME Inc.			
3. Principal Office Address 30 Phenix Ave.			City Cranston	State Ri	Zip 02920
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island To Purchase and, or Lease Real Estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Robert W. Zompa II			Vice-President Name Michael H. Sarenson		
Street Address 104 Regina Drive			Street Address 25 Elm Drive		
City West Greenwich	State RI	Zip 02817	City Cranston	State RI	Zip 02920
Secretary Name Robert W. Zompa II			Treasurer Name Michael H. Sarenson		
Street Address 104 Regina Drive			Street Address 25 Elm Drive		
City West Greenwich	State RI	Zip 02817	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	Common	No Par
11. 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.					
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.					
Name of Authorized Representative Robert W. Zompa, II					Date 2/8/17
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 MAR 03 2017
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