



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

STAMP

Annual Report for the year: 2017

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000956119		2. Exact name of the Limited Liability Company TDM, LLC			
3. NAICS Code 531300		4. Brief description of the character of business conducted in Rhode Island Real estate holding company			
5. State of Formation Rhode Island					
6. Principal Office Address 5402 Post Road		City Charlestown		State RI	Zip 02813
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Tammy L. McLellan			Contact Title Member		
Street Address 5402 Post Road			City Charlestown		State RI Zip 02813
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person TAMMY L. MCLELLAN				Date 9-30-17	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

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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OCT 10 2017
BY 305
FORM 632 - Revised: 08/2016