



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

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

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 1390	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)			
President Name Robert W. Zompa II		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address 104 Regina Drive		Vice-President Name Michael H. Sarenson	
City West Greenwich	State RI	City Cranston	State RI
Zip 02817		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	City Cranston	State RI
Zip 02817		Zip 02920	
8. List ALL directors (names and addresses)			
Director Name		Check the box to indicate an attachment <input type="checkbox"/>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued			
Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES 300		CLASS/SERIES Common	
		PAR VALUE 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 2/22/18	
Signature of Authorized Representative <i>Robert W. Zompa II</i>		SIGN DOCUMENT HERE FILED	

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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FORM 630 - Revised: 10/2017