



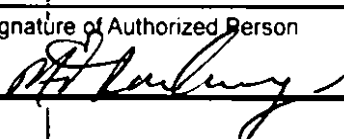
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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**Annual Report for the year: 2018**

**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<br><b>535685</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>T.M.F. ENTERPRISES</b>                               |                                                            |                        |                  |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>PROPERTY MANAGEMENT</b> |                                                            |                        |                  |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                 |                                                                                                           |                                                            |                        |                  |
| 6. Principal Office Address<br><b>20 MORGAN DRIVE</b>                                                                                                                                                       |                 | City<br><b>NARRAGANSETT</b>                                                                               | State<br><b>RI</b>                                         | Zip<br><b>02882</b>    |                  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                           |                                                            |                        |                  |
| Contact Name <b>Steven A. Moretti, Esq.</b>                                                                                                                                                                 |                 |                                                                                                           | Contact Title <b>Registered Agent</b>                      |                        |                  |
| Street Address <b>1140 Reservoir Avenue</b>                                                                                                                                                                 |                 |                                                                                                           | City <b>Cranston</b>                                       | State <b>RI</b>        | Zip <b>02920</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                           |                                                            |                        |                  |
| Manager Name <b>Jose M. Gomez</b>                                                                                                                                                                           |                 |                                                                                                           | Manager Name <b>The Maria T. Rodriguez Revocable Trust</b> |                        |                  |
| Street Address <b>20 Morgan Drive</b>                                                                                                                                                                       |                 |                                                                                                           | Street Address <b>126 Cliff Drive</b>                      |                        |                  |
| City <b>Narragansett</b>                                                                                                                                                                                    | State <b>RI</b> | Zip <b>02882</b>                                                                                          | City <b>Narragansett</b>                                   | State <b>RI</b>        | Zip <b>02882</b> |
| 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.                                                                   |                 |                                                                                                           |                                                            |                        |                  |
| <i>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.</i> |                 |                                                                                                           |                                                            |                        |                  |
| Name of Authorized Person<br><b>MARIA T. RODRIGUEZ</b>                                                                                                                                                      |                 |                                                                                                           |                                                            | Date<br><b>8-22-18</b> |                  |
| Signature of Authorized Person<br> 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](http://www.sos.ri.gov)

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