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	2. Exact name of the Limited Liability Company
535685	**T.M.F. ENTERPRISES**
3. NAICS Code: 531110	4. Brief description of the character of business conducted in Rhode Island: **PROPERTY MANAGEMENT**
5. State of Formation: **Rhode Island**	

6. Principal Office Address	City	State	Zip
20 MORGAN DRIVE	**NARRAGANSETT**	**RI**	**02882**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Steven A. Moretti, Esq.	**Registered Agent**		
Street Address: **1140 Reservoir Avenue**	City: **Cranston**	State: **RI**	Zip: **02920**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Street Address	City	State	Zip
Jose M. Gomez	**20 Morgan Drive**	**Narragansett**	**RI**	**02882**
The Maria T. Rodriguez Revocable Trust	**126 Cliff Drive**	**Narragansett**	**RI**	**02882**

Check the box to indicate an attachment ☐

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	Date
MARIA T. RODRIGUEZ	8-22-18

Signature of Authorized Person: [signature] SIGN DOCUMENT HERE

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BY Ck CK# 0592

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 08/2017