RI SOS Filing Number: 201985176050 Date: 1/24/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.0	00 fee if form is no	t filed by April 1.					
1. Entity ID Number 70846	2. Exact name of the Corporation Tallman Enterprises, Inc.						
3. Principal Office Address			City	City Stat		Zip	
392 Pine Street			Pawtucket		RI 02862		
4. NAICS Code 53 (1) O	6. Brief description of the character of business conducted in Rhode Island Holding and improving real estate.						
5. State of Incorporation Rhode Island							
7. List ALL officers (names and	addresses)		Tree to t	Check to	he box to in	idicate an attachment 🖸	
President Name David Sheibley			Vice-President Name Gregory Wershing				
Street Address 31 Bramblewoo	Street Address 812 Sierra Madre Way						
^{City} Bridgewater	State MA	Zip 02324	City Davis	1		^{Zip} 95618	
Secretary Name Diane Sheibley			Treasurer Name David Sheibley				
Street Address 31 Bramblewood Street			Street Address 31 Bramblewood Street				
City Bridgewater	State MA	Z ₁ p 02324	City Bridgewater		State MA Zip 02324 -		
8. List ALL directors (names an	d addresses)	<u> </u>		Check t	he box to in	ndicate an attachment 🔲	
Director Name Gregory Wershing			Director Name Stephen Wershing				
Street Address 812 Sioerra Madre Way			Street Address 1745 Pinnacle Road				
City Davis	State CA	^{Zip} 95618	City Henrietta		State NY	^{Zip} 14467	
Director Name Diane Sheibley			Director Name	Director Name Cynthia Barry			
Street Address 31 Bramblewood Street			Street Address 3 Woodward Avenue				
City Bridgewater	Stale MA	Zip 02324	City Enfield		State CT	Z _{IP} 03082	
9. Shares Authorized	res Authorized 10. Shares Iss		ued Check the box to indicate an attachment				
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER C	NUMBER OF SHARES		ASS/SERIES PAR VALUE		
		100	COMMON		NONE		
			·				
11. This report must be execute trustee, this report must be exe					ation is in t	he hands of a receiver or	
Under penalty of perjury, I de statements, and that all state	clare and affirm t	hat I have examir	ned this report, in	ncluding any accom	panying so	hedules and	
Name of Authorized Representative DAU ID SHEIB IL-1				Date 1/21/19			
Signature of Authorized Repres		anya.	FILED	a v			
		-					

MAIL TO:

Division of Business Services ---

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 2 4 2019

BY.

FORM 630 - Revised: 10/2017