



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 \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 70846		2. Exact name of the Corporation Tallman Enterprises, Inc.			
3. Principal Office Address 392 Pine Street			City Pawtucket	State RI	Zip 02862
4. NAICS Code 53 1110		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) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name David Sheibley			Vice-President Name Gregory Wershing		
Street Address 31 Bramblewood Street			Street Address 812 Sierra Madre Way		
City Bridgewater	State MA	Zip 02324	City Davis	State CA	Zip 95618
Secretary Name Diane Sheibley			Treasurer Name David Sheibley		
Street Address 31 Bramblewood Street			Street Address 31 Bramblewood Street		
City Bridgewater	State MA	Zip 02324	City Bridgewater	State MA	Zip 02324
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory Wershing			Director Name Stephen Wershing		
Street Address 812 Sierra 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 Cynthia Barry		
Street Address 31 Bramblewood Street			Street Address 3 Woodward Avenue		
City Bridgewater	State MA	Zip 02324	City Enfield	State CT	Zip 03002
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	NONE
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 DAVID SHEIBLEY					Date 1/21/19
Signature of Authorized Representative 					

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

JAN 24 2019
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