STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
52005	TOM ENTERPRISES, INC.			
3. Street Address Principal Business Office		City	State	Zip
c/o Joseph Raheb, Esq., 650 Washington Hwy.		Lincoln	RI	02865
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 333-3377	RHODE ISLAND			3095
7. Brief Description of the Character of Business Conducted in Rhode Island				
Operation of a restaurant				

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Scott A. Mcgee			Thomas P. Mcgee, IV		
Street Address			Street Address		
P.O. Box 381			125 Black Plain Road		
City	State	Zip	City	State	Zip
Slatersville	RI	02876	North Smithfield	RI	02876
Secretary Name			Treasurer Name		
Scott A. Mcgee			Thomas P. Mcgee, IV		
Street Address			Street Address		
P.O. Box 381			125 Black Plain Road		
City	State	Zip	City	State	Zip
Slatersville	RI	02876	North Smithfield	RI	02876

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Scott A. Mcgee			Thomas P. Mcgee, IV		
Street Address			Street Address		
P.O. Box 381			125 Black Plain Road		
City	State	Zip	City	State	Zip
Slatersville	RI	02876	North Smithfield	RI	02876
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 5 2 0 0 5 [redacted]

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.

Signature of Officer — *Date* 4-20-05

Scott A. Mcgee
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

File Date	1/31/05
Check No.	1404
By:	VJ.

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
52005	TDM ENTERPRISES, INC.			
3. Street Address Principal Business Office		City	State	Zip
c/o Joseph Raheb, Esq., 650 Washington Hwy.		Lincoln	RI	02865
4. Business Phone No	5. State of Incorporation			6. SIC Code
(401) 333-3377	RHODE ISLAND			3095
7. Brief Description of the Character of Business Conducted in Rhode Island				
Operation of a restaurant				

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Scott A. Mcgee			Thomas P. Mcgee, IV		
Street Address			Street Address		
P.O. Box 381			125 Black Plain Road		
City	State	Zip	City	State	Zip
Slatersville	RI	02876	North Smithfield	RI	02876
Secretary Name			**Treasurer Name**		
Scott A. Mcgee			Thomas P. Mcgee, IV		
Street Address			Street Address		
P.O. Box 381			125 Black Plain Road		
City	State	Zip	City	State	Zip
Slatersville	RI	02876	North Smithfield	RI	02876

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Scott A. Mcgee			Thomas P. Mcgee, IV		
Street Address			Street Address		
P.O. Box 381			125 Black Plain Road		
City	State	Zip	City	State	Zip
Slatersville	RI	02876	North Smithfield	RI	02876
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ — 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 5 2 0 0 5 [redacted]

File Date	3-9-04
Check No.	19772
By:	Qc

FOR SECRETARY OF STATE USE ONLY

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.

[redacted] 1-15-07
Signature of Officer *Date*

Scott Mcgee
Print or Type Name of Officer

[redacted]
Title of Officer

Form 630 12/01

[redacted]

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP — PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 52005
2. Name of Corporation: TDM ENTERPRISES, INC.
3. Street Address Principal Business Office: c/o Joseph Raheb, Esq., 650 Washington Hwy. — City: Lincoln — State: RI — Zip: 02865
4. Business Phone No.: (401) 333-3377
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3095
7. Brief Description of the Character of Business Conducted in Rhode Island: Operation of a restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Scott A. Mcgee	Vice President Name: Thomas P. Mcgee, IV
Street Address: 94 Main Street	Street Address: 125 Black Plain Road
City: Slatersville State: RI Zip: 02876	City: North Smithfield State: RI Zip: 02876
Secretary Name: Scott A. Mcgee	Treasurer Name: Thomas P. Mcgee, IV
Street Address: 94 Main Street PoBox381	Street Address: 125 Black Plain Road
City: Slatersville State: RI Zip: 02876	City: North Smithfield State: RI Zip: 02876

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: Scott A. Mcgee	Director Name: Thomas P. Mcgee, IV
Street Address: 94 Main Street PoBox381	Street Address: 125 Black Plain Road
City: Slatersville State: RI Zip: 02876	City: North Smithfield State: RI Zip: 02876
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 52005 *

File Date: 2/12/03

Check No.: 18180

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — Date: 2-1-03

Print or Type Name of Officer: President Scott A Mcgee

Title of Officer: President

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 52005
2. Name of Corporation: TDM ENTERPRISES, INC.
3. Street Address Principal Business Office: c/o Joseph Raheb, Esq., 650 Washington Hwy. — City: Lincoln — State: RI — Zip: 02865
4. Business Phone No: (401) 333-3377
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3095
7. Brief Description of the Character of Business Conducted in Rhode Island: Operation of a restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Scott A. Mcgee
Street Address: 94 Main Street
City: Slatersville — State: RI — Zip: 02876

Vice President Name: Thomas P. Mcgee, IV
Street Address: 125 Black Plain Road
City: North Smithfield — State: RI — Zip: 02876

Secretary Name: Scott A. Mcgee
Street Address: 94 Main Street
City: Slatersville — State: RI — Zip: 02876

Treasurer Name: Thomas P. Mcgee, IV
Street Address: 125 Black Plain Road
City: North Smithfield — State: RI — Zip: 02876

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: Scott A. Mcgee
Street Address: 94 Main Street
City: Slatersville — State: RI — Zip: 02876

Director Name: Thomas P. Mcgee, IV
Street Address: 125 Black Plain Road
City: North Smithfield — State: RI — Zip: 02876

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par Value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 5 2 0 0 5 *

File Date: FILED

Check No.: FEB 08 2002

By: CR 16476

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — Date

Print or Type Name of Officer: Scott Mcgee

Title of Officer: President

Form 630 12/01

[redacted]TATE OF RHODE ISLAND
ND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 52005
2. Name of Corporation: TDM ENTERPRISES, INC.
3. Street Address Principal Business Office: c/o Joseph Raheb, Esq., 650 Washington Hwy. City: Lincoln State: RI Zip: 02865
4. Business Phone No.: (401) 333-3377
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 5095
7. Brief Description of the Character of Business Conducted in Rhode Island: Operation of a restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Scott A. McGee	Vice President Name: Thomas P. McGee, IV
Street Address: 94 Main Street	Street Address: 125 Black Plain Road
City: Slatersville State: RI Zip: 02876	City: North Smithfield State: RI Zip: 02876
Secretary Name: Scott A. McGee	Treasurer Name: Thomas P. McGee, IV
Street Address: 94 Main Street	Street Address: 125 Black Plain Road
City: Slatersville State: RI Zip: 02876	City: North Smithfield State: RI Zip: 02876

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: Scott A. McGee	Director Name: Thomas P. McGee, IV
Street Address: 94 Main Street	Street Address: 125 Black Plain Road
City: Slatersville State: RI Zip: 02876	City: North Smithfield State: RI Zip: 02876
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 5 2 0 0 5 *

[redacted]

File Date: 4-10-01

Check No: 14539

By: tom

FOR SECRETARY OF STATE USE ONLY

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.

X [signature] 3-1-01
Signature of Officer Date

Scott A McGee
Print or Type Name of Officer

President / Secretary
Title of Officer

Form 630 12/00

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: $50.00

STOP
READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 52005
2. Name of Corporation: TDM ENTERPRISES, INC.
3. Street Address Principal Business Office: c/o Joseph Raheb, Esq., 650 Washington Hwy. | City: Lincoln | State: RI | Zip: 02865
4. Business Phone No.: (401)333-3377
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3095
7. Brief Description of the Character of Business Conducted in Rhode Island: Operation of a restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Scott A. McGee	94 Main Street	Slatersville	RI	02876

Vice President Name	Street Address	City	State	Zip
Thomas P. McGee, IV	125 Black Plain Road	North Smithfield	RI	02876

Secretary Name	Street Address	City	State	Zip
Scott A. McGee	94 Main Street	Slatersville	RI	02876

Treasurer Name	Street Address	City	State	Zip
Thomas P. McGee, IV	125 Black Plain Road	North Smithfield	RI	02876

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Scott A. McGee	94 Main Street	Slatersville	RI	02876

Director Name	Street Address	City	State	Zip
Thomas P. McGee, IV	125 Black Plain Road	North Smithfield	RI	02876

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 5 2 0 0 5 *

File Date: 2/18/2000

Check No.: 13017

By: [illegible]

FOR SECRETARY OF STATE USE ONLY

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.

X [signature] 2-18-00
Signature of Officer *Date*

Scott A McGee
Print or Type Name of Officer

President
Title of Officer

Form RI0 12/99

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
52005	TDM ENTERPRISES, INC.

3. Street Address Principal Business Office	City	State	Zip
c/o Joseph Raheb, Esq., 650 Washington Hwy.	Lincoln	RI	02865

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401)333-3377	Rhode Island	3095

7. Brief Description of the Character of Business Conducted in Rhode Island

Operation of a restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name	Vice President Name
Michel N. Grenier	Thomas P. McGee, IV
Street Address: 1040 Providence Pike	Street Address: 125 Black Plain Road
City: North Smithfield State: RI Zip: 02876	City: North Smithfield State: RI Zip: 02876
Secretary Name	**Treasurer Name**
Michel N. Grenier	Thomas P. McGee, IV
Street Address: 1040 Providence Pike	Street Address: 125 Black Plain Road
City: North Smithfield State: RI Zip: 02876	City: North Smithfield State: RI Zip: 02876

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name	Director Name
Michel N. Grenier	Thomas P. McGee, IV
Street Address: 1040 Providence Pike	Street Address: 125 Black Plain Road
City: North Smithfield State: RI Zip: 02876	City: North Smithfield State: RI Zip: 02876
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: MAY 04 1999

Check No: By CE11874

By:

FOR SECRETARY OF STATE USE ONLY

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.

Michel N Grenier 4-19-99
Signature of Officer Date

Michel N Grenier
Print or Type Name of Officer

President
Title of Officer

Form 31 12/96

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 52005
2. Name of Corporation: TDM ENTERPRISES, INC.
3. Street Address Principal Business Office: c/o Joseph Raheb, Esq. 650 Washington Hwy.
City: Lincoln
State: RI
Zip: 02865
4. Business Phone No.: (401)333-3377
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3095
7. Brief Description of the Character of Business Conducted in Rhode Island: Operation of restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: Michel N. Grenier
Street Address: 1040 Providence Pike
City: North Smithfield
State: RI
Zip: 02876

Vice President Name: Thomas P. McGee, IV
Street Address: 125 Black Plain Road
City: North Smithfield
State: RI
Zip: 02876

Secretary Name: Michel N. Grenier
Street Address: 1040 Providence Pike
City: North Smithfiel
State: RI
Zip: 02876

Treasurer Name: Thomas P. McGee, IV
Street Address: 125 Black Plain Road
City: North Smithfield
State: RI
Zip: 02876

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: Michel N. Grenier
Street Address: 1040 Providence Pike
City: North Smithfield
State: RI
Zip: 02876

Director Name: Thomas P. McGee, IV
Street Address: 125 Black Plain Road
City: North Smithfield
State: RI
Zip: 02876

Director Name:
Street Address:
City:
State:
Zip:

Director Name:
Street Address:
City:
State:
Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 5 2 0 0 5 *

File Date: 3/13/98
Check No.: 10640
By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer — Date: 2-20-98

Print or Type Name of Officer: MICHEL N. GRENIER

Title of Officer: President

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0052005

2. Name of Corporation TDM Enterprises, Inc.

3. Street Address Principal Business Office 1406 Victory Highway

City Slatersville *State* RI *Zip* 02876

4. Business Phone No. (401) 769-2220

5. State of Incorporation Rhode Island

6. SIC Code 3095

7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name Michel Grenier
Street Address 1040 Providence Pike
City N. Smithfield *State* RI *Zip* 02896

Vice President Name Thomas McGee IV
Street Address Black Plain Road
City N. Smithfield *State* RI *Zip* 02896

Secretary Name David E. Houle
Street Address 154 Lynne Lane
City Mapleville *State* RI *Zip* 02839

Treasurer Name David E. Houle
Street Address 154 Lynne Lane
City Mapleville *State* RI *Zip* 02839

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name Michel Grenier
Street Address 1040 Providence Pike
City N. Smithfield *State* RI *Zip* 02896

Director Name Thomas McGee IV
Street Address Black Plain Road
City N. Smithfield *State* RI *Zip* 02896

Director Name David E. Houle
Street Address 154 Lynne Lane
City Mapleville *State* RI *Zip* 02839

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000	common	no par value	*300*	common	no par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date 4/22/97

Check No: 7568

By [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[signature] 3-26-97
Signature of Officer *Date*

Michel Grenier
Print or Type Name of Officer

[redacted] President
Title of Officer

PROFIT CORPORATON ANNUAL REPORT 1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO	2 NAME OF CORPORATION			
0052005	TDM Enterprises, Inc.			
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE		CITY	STATE	ZIP CODE
1406 Victory Highway		Slatersville	RI	02876
4 BUSINESS PHONE NO.	5 STATE OF INCORPORATION			6 SIC CODE
(401) 769-2220	Rhode Island			3095
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND				
restaurant				

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
Michel Grenier			Thomas McGee IV		
STREET ADDRESS			STREET ADDRESS		
1040 Providence Pike			Black Plain Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
N. Smithfield	RI	02896	N. Smithfield	RI	02896
SECRETARY NAME			TREASURER NAME		
David E. Houle			David E. Houle		
STREET ADDRESS			STREET ADDRESS		
154 Lynne Lane			154 Lynne Lane		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Mapleville	RI	02839	Mapleville	RI	02839

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
Michel Grenier			Thomas McGee IV		
STREET ADDRESS			STREET ADDRESS		
1040 Providence Pike			Black Plain Road		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
N. Smithfield	Ri	02896	N. Smithfield	RI	02896
DIRECTOR NAME			DIRECTOR NAME		
David E. Houle					
STREET ADDRESS			STREET ADDRESS		
154 Lynne Lane					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Mapleville	Ri	02839			

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000	common	no par value	*300*	common	no par value

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
File Date: JAN 07 1997
Check No: Cert 63
By: 177365
By:
For Secretary of State Use Only

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.

Signature of Officer

Michel Grenier
Print or Type Name of Officer

President — 3/29/96
Title of Officer — Date

FORM 31 12/95

Providence, Rhode Island 02903-1335
401-277-3040

File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

orate ID: 0052005 Annual Report for the year: 1995

: of Corporation: TDM Enterprises, Inc.

ss entity organized under the laws of the State of: Rhode Island

reign entity, address and telephone number of principal office:

( )

s and telephone of the principal office of business entity in Rhode
(Provide street address - Not P.O. Box):
1406 Victory Highway
Slatersville, RI 02876

(401) 769-2220

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
restaurant

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NT Michel Grenier	1040 Providence Pike	N. Smithfield, RI 02896	
SURVT Thomas McGee IV	Black Plain Road	N. Smithfield, RI 02896	
AY David E. Houle	154 Lynne Lane	Mapleville, RI 02839	
AR David E. Houle	154 Lynne Lane	Mapleville, RI 02839	

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
Michel Grenier	1040 Providence Pike	N. Smithfield, RI 02896	
Thomas McGee IV	Black Plain Road	N. Smithfield, RI 02896	
David E. Houle	154 Lynne Lane	Mapleville, RI 02839	

R OF SHARES AUTHORIZED (Rider may be attached)

of Shares	Class / Series
1,000	common without par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
300	common without par value

March 29, 1996

By: [signature]
Michel Grenier
PRESIDENT OR OTHER DULY AUTHORIZED OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED

JAN 07 1997
oc#63
By 177365

Providence, Rhode Island 02903-1335
401-277-3040

File Annually - Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

orate ID: 0052005 Annual Report for the year: 1994

e of Corporation: TDM Enterprises, Inc.

ess entity organized under the laws of the State of: Rhode Island

reign entity, address and telephone number of principal office:

( )

ss and telephone of the principal office of business entity in Rhode (Provide street address - Not P.O. Box):
1406 Victory Highway
Slatersville, RI 02876

(401) 769-2220

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
restaurant

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
XT Michel Grenier	1040 Providence Pike	N. Smithfield, RI	02896
SIDENT Thomas McGee IV	Black Plain Road	N. Smithfield, RI	02896
AT David E. Houle	154 Lynne Lane	Mapleville, RI	02839
EA David E. Houle	154 Lynne Lane	Mapleville, RI	02839

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
Michel Grenier	1040 Providence Pike	N. Smithfield, RI	02896
Thomas McGee IV	Black Plain Road	N. Smithfield, RI	02896
David E. Houle	154 Lynne Lane	Mapleville, RI	02839

R OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
of Shares	Class / Series	Number of Shares	Class / Series
1,000	common without par value	*300*	common without par value

March 29, 19 96

By: Michel Grenier
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED
JAN 07 1997
CC#63
BY 177365.

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0052005 Annual Report for the year 1993

FIRST: The name of the corporation is TDM ENTERPRISES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is restaurant

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Michel Grenier	Director	246 Mendon Road, N. Smithfield, RI 02895
David E. Houle	Director	72 Ash St., Woonsocket, RI 02895
Thomas McGee IV	Director	Black Plain Rd., N. Smithfield, RI 02895
Michel Grenier	President	246 Mendon Road, N. Smithfield, RI 02895
Thomas McGee IV	Vice President	Black Plain Road, N. Smithfield, RI 02895
David E. Houle	Secretary	72 Ash St., Woonsocket, RI 02895
David E. Houle	Treasurer	72 Ash St., Woonsocket, RI 02895

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

EIGHTH: Number of Shares issued:

Rec'd & Filed MAY 4 1993

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	common		without par value

Dated January 27 19 93

TDM ENTERPRISES, INC.
(Name of Corporation)

By Michel Grenier President

Title President

(Report must be signed by an officer)

Form 31 10/91

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0052005 Annual Report for the year 1992

FIRST: The name of the corporation is TDM ENTERPRISES, INC.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is restaurant

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Michel Grenier	Director	246 Mendon Rd., N. Smithfield, RI 02895
David E. Houle	Director	72 Ash St., Lincoln, RI 02865
Scott McGee	Director	P.O. Box 625, Slatersville, RI 02876
Michel Grenier	President	246 Mendon Rd., N. Smithfield, RI 02895
Scott McGee	Vice President	P.O. Box 625, Slatersville, RI 02876
David E. Houle	Secretary	72 Ash St., Lincoln, RI 02865
David E. Houle	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

EIGHTH: Number of Shares issued:

Recd & Filed APR 09 1992

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	common		without par value

Dated February 21 19 92

TDM ENTERPRISES, INC.
(Name of Corporation)

By Michel N. Grenier

Title President

Robert L. Simmons, Esquire
P.O. Box 7366
Cumberland, RI 02864-0895

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0052005 Annual Report for the year 1991

FIRST: The name of the corporation is TDM ENTERPRISES, INC.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is restaurant

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Michel Grenier	Director	246 Mendon Rd., N. Smithfield, RI 02895
David E. Houle	Director	72 Ash St., Lincoln, RI 02865
Thomas McGee IV	Director	Black Plain Rd., N. Smithfield, RI 02895
Michel Grenier	President	246 Mendon Rd., N. Smithfield, RI 02895
Thomas McGee IV	Vice President	Black Plain Rd., N. Smithfield, RI 02895
David E. Houle	Secretary	72 Ash Street, Lincoln, RI 02865
David E. Houle	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	common		without par value

Dated February 7 19 91

TDM Enterprises, Inc.
(Name of Corporation)

By Michel R. Grenier

Title President

(Report must be signed by an officer)

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0052005 Annual Report for the year 1990

FIRST: The name of the corporation is TDM ENTERPRISES, INC.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is restaurant

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Michel Grenier	Director	246 Mendon Rd., N. Smithfield, RI 02895
David E. Houle	Director	72 Ash St., Lincoln, RI 02865
Thomas McGee IV	Director	Black Plain Rd., N. Smithfield, RI 02895
Michel Grenier	President	246 Mendon Rd., N. Smithfield, RI 02895
Thomas McGee IV	Vice President	Black Plain Rd., N. Smithfield, RI 02895
David E. Houle	Secretary	72 Ash St., Lincoln, RI 02865
David E. Houle	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

Recd & Fil

MAY 15 1991

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	common		without par value

Dated April 4 19 91

TDM Enterprises, Inc.
(Name of Corporation)

By Michel Grenier

Title President

(Report must be signed by an officer)

Form 31 1-85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 000[illegible] Annual Report for the year 1989

FIRST: The name of the corporation is TDM ENTERPRISES, INC

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is retail restaurant, including serving food and beverages, both alcoholic and non-alcoholic

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (excluding number, street, zip code)
Michael H. Grenier	Director	8 Dunlap St., Salem, Mass.
Thomas P. McGee IV	Director	125 Blackpoint Rd., North Smithfield, RI
David E. Houle	Director	72 Ash St., Lincoln, RI 02865
Michael H. Grenier	President	8 Dunlap St., Salem, Mass.
Thomas P. McGee IV	Vice President	125 Blackpoint Rd., North Smithfield
David E. Houle	Secretary	72 Ash St., Lincoln, RI 02865
David E. Houle	Treasurer	"

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		without par value

Dated January 31 19 89

TDM ENTERPRISES, INC.
(Name of Corporation)

By [signature]

(Report must be signed by an officer)

Title Secretary - Treasurer

Form 31 1/85

ROBERT L. SIMMONS, ESQ
10 NATE WHIPPLE HWY, BOX 7366
CUMBERLAND RI 02864