RI SOS Filing Number: 202033417020 Date: 1/30/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: $50.00

→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP

FOR SECRETARY OF STATE USE ONLY

2020 JAN 30 PM 12:53

1. Entity ID Number	2. Exact name of the Corporation		
52005	TDM ENTERPRISES, INC.		
3. Principal Office Address	City	State	Zip
c/o JOSEPH RAHEB, ESQ., 650 GEORGE WASHINGTON HWY.	LINCOLN	RI	02865
4. NAICS Code: 722511	6. Brief description of the character of business conducted in Rhode Island: OPERATION OF A RESTAURANT		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: SCOTT A. McGEE			Vice-President Name: THOMAS P. McGEE, IV		
Street Address: PO BOX 381			Street Address: 125 BLACK PLAIN ROAD		
City: SLATERSVILLE	State: RI	Zip: 02876	City: NORTH SMITHFIELD	State: RI	Zip: 02896
Secretary Name: SCOTT A. McGEE			Treasurer Name: THOMAS P. McGEE, IV		
Street Address: PO BOX 381			Street Address: 125 BLACK PLAIN ROAD		
City: SLATERSVILLE	State: RI	Zip: 02876	City: NORTH SMITHFIELD	State: RI	Zip: 02896

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: SCOTT A. McGEE			Director Name: THOMAS P. McGEE, IV		
Street Address: PO BOX 381			Street Address: 125 BLACK PLAIN ROAD		
City: SLATERSVILLE	State: RI	Zip: 02876	City: NORTH SMITHFIELD	State: RI	Zip: 02896
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NO PAR VALUE

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	Date
SCOTT A. McGEE	1-5-20

Signature of Authorized Representative

X _____ SIGN DOCUMENT HERE **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 30 2020

BY 13842 A.A

FORM 630 - Revised: 10/2017