



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION

STAMP
 FOR
 SECRETARY OF STATE
 USE ONLY

2020 JAN 30 PM 12: 53

1. Entity ID Number 52005		2. Exact name of the Corporation TDM ENTERPRISES, INC.			
3. Principal Office Address c/o JOSEPH RAHEB, ESQ., 650 GEORGE WASHINGTON HWY.			City LINCOLN	State RI	Zip 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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			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
			200		COMMON
					PAR VALUE
					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. <i>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.</i>					
Name of Authorized Representative SCOTT A. McGEE					Date 1-5-20
Signature of Authorized Representative 					
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
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