



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 OR PRINTED IN BLACK)

1. Corporate ID No 121168		2. Name of Corporation TME, Inc.			
3. Street Address Principal Business Office 30 Phenix Avenue		City Cranston		State RI	Zip 02920
4. Business Phone No. 401-943-1870		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE AND/OR LEASE REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert W. Zampatt			Vice President Name Michael H. Sorenson		
Street Address 142 Cornell Street			Street Address 25 Elm Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Brian D. Potter			Treasurer Name Robert W. Zampatt		
Street Address 75 Sparks Avenue			Street Address Same		
City Nantucket	State MA	Zip 02554	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200		No Par

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



FILED	
File Date	APR 20 2005
Check No.	1111
By	[Signature]
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: [Signature] Date: 4/17/05
Michael H. Sorenson
Print or Type Name of Officer
Vice President
Title of Officer



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 02903-2435
401-222-5040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporation FICA 121168		2. Name of Corporation TME, Inc.			
3. Principal Office (Street, P.O. Box, etc.) 30 Phenix Ave.		4. City Cranston	5. State RI	6. Zip 02920	
7. Telephone (Area Code) 401-943-1870		8. State of Incorporation RHODE ISLAND		9. SIC Code 5538	
10. Check the box if the corporation has been organized in Rhode Island TO PURCHASE AND/OR LEASE REAL ESTATE					
11. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert W. Zompa, II		Vice President Name Michael H. Sarenson			
Street Address 142 Cornell St.		Street Address 25 Elm Dr.			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Brian Potter		Treasurer Name Robert W. Zompa, II			
Street Address 152 St. Laurent Pkwy.		Street Address 142 Cornell St.			
City Seekonk	State MA	Zip 02771	City Cranston	State RI	Zip 02920
12. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
13. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			14. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
1,000 NO PAR VALUE			300	Common	No Par

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



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Filing Date	10-6-04
Check No.	1098
By	de
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
Robert W. Zompa, II
Print or Type Name of Officer
President
Date
10/4
Title of Officer



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

121168

TME, Inc.

3. Street Address Principal Business Office

30 Phenix Avenue

4. Business Phone No.

401-943-1870

5. State of Incorporation

RHODE ISLAND

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

Operators + Lessors of Buildings including residential

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Robert W. Zampa, Jr.

Street Address

142 Cornell street

City

Cranston RI

Zip

02920

Secretary Name

Brian D. Potter

Street Address

152 St. Laurent Pkwy.

City

Seekonk MA

State

Zip

02771

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

300

Common

No Par

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



* 1 2 1 1 6 8 *

File Date. **FILED**

Check No. **MAR 24 2003**

By: **By COM 315146**

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 **Michael H. Sarensen** Date **3/17/09**

Print or Type Name of Officer **Michael H. Sarensen**

Title of Officer **Vice 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

(FORM MUST BE TYPED) IN BLACK)

1. Corporate ID No. 2. Name of Corporation

121168

TME, Inc.

3. Street Address Principal Business Office

30 Phenix Ave.

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

401-943-1870

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5538

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

Operators & lessors of Buildings including residential

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

President Name

Robert W. Zompa, II

Vice President Name

Michael H. Sarensen

Street Address

142 Cornell St.

Street Address

25 Elm Dr.

City

Cranston

State

RI

Zip

02920

City

Cranston,

State

RI

Zip

02920

Secretary Name

Brian Potter

Treasurer Name

Robert W. Zompa, II

Street Address

152 St. Laurent Pkwy.

Street Address

142 Cornell St.

City

Seekonk

State

MA

Zip

02771

City

Cranston

State

RI

Zip

02920

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

300

Common

No Par

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



* 1 2 1 1 6 8 *

FILED

File Date: JAN 29 2002

Check No. 93.01E

By: [Signature]

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] 1/21/02
Signature of Officer Date

Michael H. Sarensen
Print or Type Name of Officer

Vice President
Title of Officer