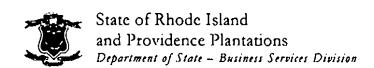
RI SOS Filing Number: 202064878380 Date: 10/8/2020 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: September 1 - November 1 - Filing Fee: \$50.00' - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company falling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

7. ID No. 000956119	2. Exact name of the limited liability company TDM, LLC				3. NAICS Code 531110	
4. Brief description real estate hol	of the character of the busin ding company	ess which is actually con	ducted in Rhode Island	5. State of Formation Rhode Island		
6. Principal office address 5402 Post Road			City Charlestown	State RI	7.ip 02813	
7. MAILING ADD	RESS OF LIMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF CONTACT	T PERSON:		
Tammy L. McLellan			Member			
Street Address 5402 Post Road			City Charlestown	State RI	21p 02813	
8. NAME AND AD	DRESS OF EACH MANAG	GER OF THE LIMITE	 D LIABILITY COMPANY, IF APPI	LICABLE - <u>DO NOT</u>	LIST MEMBERS	
Manager Name	FILL IN SPACE	S BEFORE USING AT	TACHMENTS ("X" BOX FOR Manager Name	ATTACHMENT)		
Street Address			Street Address			
	-1-	T 40			La	
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	.	· · · · ·	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	NT IN RHODE ISLAND	Tion of the Soomton, of	State. Changes require filing of Form	642 PICL 7161	1 Tommy Mal allan	
	FILED T 0 8 2020		nuthorized person pursuant to R.1.6 Under penalty of perjury, I	G.L. 7-16-66 (b).		
Check No.	TARY OF STATE USE ONLY		including any accompanying contained herein are true and signature of Authorized Per Tammy L. McLellan	d'correct. Mella son D		
			Print or Type Name of Auth			