Annual Report for the year: $\frac{2020}{}$ **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

		2021 14ER 29 D 1: 03				
Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
147466	TMB Ente	TMB Enterprises, LLC				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
531110	Real Estate	Real Estate Investment and Holdings				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
57 Old Quarry Road			North Scituate	RI	02857	
7. Mailing Address of Limite		iny and Name o	r Title of Contact Person			
Contact Name Thomas M. Bourque			Contact Title			
Street Address 57 Old Quarry Road			City North Scituate	State RI	Z ip 02857	
8. List ALL managers (name	es and addresses	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
- 			I	Check the box to i	indicate an attachment	
9. The Resident Agent inform	mation currently o	of record with the	Ri Department of State is accura	ate. Changes requir	e filing Form 642.	
Under penalty of perjury, I statements, and that all st	declare and affi atements contai	irm that I have ined herein are	examined this report, including true and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date		
Thomas M. Bourque				12-5-2020		
Signature of Authorized Personnel		ul				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Cu Co# 11482