



State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: **2023**

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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

2023 MAR 28 P 1:01

1. Entity ID Number 000956119		2. Exact name of the Limited Liability Company TDM, LLC	
3. NAICS Code 531312		4. Brief description of the character of business conducted in Rhode Island real estate holding company	
5. State of Formation RI			
6. Principal Office Address 5400 Post Road		City Charlestown	State RI
Zip 02813			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Tammy L. McLellan		Contact Title Authorized Person	
Street Address 5400 Post Road		City Charlestown	State RI
Zip 02813			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<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 Person Tammy L. McLellan			Date 3-15-23
Signature of Authorized Person 			

FILED

MAR 28 2023

BY MC 474

MAIL TO:

Division of Business Services

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