



**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year:** 2024  
**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.

57 : P  
**FILED**  
FEB 14 2024  
BY 153  
DS

|  |   |                                  |                     |
|--|---|----------------------------------|---------------------|
| 1. Entity ID Number<br><b>000115796</b>  | 2. Exact name of the Limited Liability Company<br><b>TPD I ENTERPRISES, LLC</b>                       |                                  |                     |
| 3. NAICS Code<br><b>53110</b>  | 4. Brief description of the character of business conducted in Rhode Island<br><b>RENTAL PROPERTY</b> |                                  |                     |
| 5. State of Formation<br><b>RI</b>   |   |                                  |                     |
| 6. Principal Office Address<br><b>2200 NOOSENECK HILL RD</b>   | City<br><b>COVENTRY</b>   | State<br><b>RI</b>               | Zip<br><b>02816</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                                  |                     |
| Contact Name<br><b>RONALD E LECLERC</b>  |   | Contact Title<br><b>CO-OWNER</b> |                     |
| Street Address<br><b>2200 NOOSENECK HILL RD</b>  | City<br><b>COVENTRY</b>   | State<br><b>RI</b>               | Zip<br><b>02816</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |   |                                  |                     |
| 9. <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<br><b>RONALD E LECLERC</b>   |   | Date<br><b>02/10/2024</b>        |                     |
| Signature of Authorized Person<br><i>Ronald E. Leclerc</i>   |   |                                  |                     |

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)