

FILED STAMP

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.

FEE	28 2024
BY	1835
	

1. Entity ID Number 000535685	Exact name of the Limited Liability Company T.M.F. ENTERPRISES, LLC Brief description of the character of business conducted in Rhode Island PROPERTY MANAGEMENT				
3 NAICS Code 531110 5. State of Formation Rhode Island					
6. Principal Office Address 20 Morgan Drive		City Narragansett	State RI	Zip 02882	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name Steven A. Mo:	retti, Esq.				
Street Address 1140 Reservoir Avenue		City Cranston	State RI	Zip ₀₂₉₂₀	
8 The Resident Agent infor	mation currently of record with the	ne RI Department of State is acc	urate. Changes require	 e filing Form 642.	
Under penalty of perjury,		examined this report, includi			
Name of Authorized Person Maria T. Rodriguez		Date 2/18/24			
Signature of Authorized Per	Way)				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov