



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 23 2024

BY *[Signature]* 11462

1. Entry ID Number 000121168		2. Exact name of the Corporation TME, INC			
3. Principal Office Address 30 Phenix Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island To purchase and or lease real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert W Zompa II		Vice-President Name Michael H Sarensen			
Street Address 104 Regina Drive		Street Address 25 Elm Drive			
City West Greenwich	State RI	Zip 02817	City Cranston	State RI	Zip 02920
Secretary Name Robert W Zompa II		Treasurer Name Michael H Sarensen			
Street Address 104 Regina Drive		Street Address 25 Elm Drive			
City West Greenwich	State RI	Zip 02817	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300	Common	No Par	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Robert W Zompa II				Date 4/17/24	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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