State of Rhode Island
Department of State - Business Services Division

FILED
APR 21 2025
BY 1491

Annual Report for the year: 2025
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
000121168	TMF, Inc.			
3. Principal Office Address		City	State	Zip
30 Phenix Ave.		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	To Purchase And OR Lease Real Estate			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Robert W. Zompa II		Vice-President Name	Michael H Sarenson	
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. Sarenson	
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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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: 1/28/25

Signature of Authorized Representative

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

FORM 630- Revised 12/2023