



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 419618		2. Name of Corporation Tommy's Pizza II, Inc.	
3. Street Address Principal Business Office 870 Oaklawn Avenue			City Cranston
			State Rhode Island
			Zip 02920
4. Business Phone No. (401) 944-8669		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A PIZZA/RESTAURANT OR RESTAURANTS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Thomas P. Sacco, Jr.		Vice President Name Kimberly M. Sacco	
Street Address 21 Sweetbriar Drive		Street Address 21 Sweetbriar Drive	
City Cranston	State RI	Zip 02920	City Cranston
			State RI
			Zip 02920
Secretary Name Kimberly M. Sacco		Treasurer Name Thomas P. Sacco	
Street Address 21 Sweetbriar Drive		Street Address 21 Sweetbriar Drive	
City Cranston	State RI	Zip 02920	City Cranston
			State RI
			Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip 02720
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares
1,000	NO PAR VALUE		1000
			Common
			No Par Value

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.

FILED

File Date FEB 17 2011

Check No. 137569

By: BY

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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.

Signature [Signature] Date 2-1-11

Thomas P. Sacco, Jr.
Print or Type Name
President
Title