



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 74541		2. Exact name of the Corporation Tomasso Bar & Grill, Inc.			
3. Principal office address One Throop Alley			City Providence	State RI	Zip 02903
4. Business Phone No. 401-453-3333			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Cafe, lounge					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alexander Tomasso			Vice-President Name Robert Whalley		
Street Address 12729 NW 83rd CT			Street Address 5 Locust Street		
City Parkland	State FL	Zip 33076	City Assonet	State MA	Zip 02702
Secretary Name Tarik Solomon			Treasurer Name		
Street Address 12729 NW 83rd CT			Street Address		
City Parkland	State FL	Zip 33076	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CNP	0.00

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: _____
 Check No: _____
 By: _____

JAN 23 2013

BY 1669

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.

Nancy C Melucci 01/21/2013
 Signature of Authorized Representative Date

Nancy C. Melucci, Esq.

Print or Type Name of Authorized Representative

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