



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 2013**

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. <b>87546</b>		2. Name of Corporation <b>TOMASSO &amp; TOMASSO, INC.</b>			
3. Street Address Principal Business Office <b>1258 Elmwood Avenue</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. Business Phone No. <b>(401) 785-1442</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>A professional corporation offering legal services.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Raymond J. Tomasso</b>			Vice President Name <b>John P. Tomasso</b>		
Street Address <b>150 Lyndon Rd.</b>			Street Address <b>85 Stamford Ave.</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>John P. Tomasso</b>			Treasurer Name <b>Raymond J. Tomasso</b>		
Street Address <b>85 Stamford Ave.</b>			Street Address <b>150 Lyndon Rd.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
9. SHARES AUTHORIZED					
10. SHARES ISSUED: (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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 <b>100</b>		Class/Series <b>Common</b>	Par Value <b>\$10.00</b>
THIS SECTION MUST BE COMPLETED					

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**

**MAR 06 2013**

*CR 191898*

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 *Raymond J. Tomasso* Date **02/28/2013**

**Raymond J. Tomasso**  
Print or Type Name

**President**  
Title

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
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