

6. Brief Description of the Character of Business Conducted in Rhode Island

State

State

RI

1. Corporate ID No.

87546

4. Business Phone No.

President Name

Street Address

Secretary Name

Street Address

City

3. Street Address Principal Business Office

(401) 785-1442

1258 Elmwood Avenue

Raymond J. Tomasso

150 Lyndon Rd.

John P. Tomasso

85 Stamford Ave.

Cranston

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

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02907

02907

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

5. State of Incorporation

Rhode Island

TOMASSO & TOMASSO, INC.

A professional corporation offering legal services.
7. NAMES AND ADDRESSES OF THE OFFICERS AND ADDRESSES OF THE OFFICERS.

Ζip

Zip

02905

2. Name of Corporation

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(cord)) is

City

Providence

John P. Tomasso

85 Stamford Ave.

Raymond J. Tomasso

150 Lyndon Rd.

Vice President Name

Providence

Treasurer Name

Street Address

Street Address

City

City

State

RI

RI

State

Providence	RI	02907	Cranston	RT	02905
3. NAMES AND ADDRESSES Director Name		#\$@\$\\\$\$\\\\\$\\\\\\\\\\\\\\\\\\\\\\\\\\	Callet Markey :	MARKERS ARRESTERS IN	GATTACHMENTS
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Street Address			None		
			Street Address		
City	State	Zip	City	State	Zψ
Director Name			Director Name		
None			None		•
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			ISSUED SHARES - THIS SE	CTION MUST BE COMPLETED	
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an a	dditional filing.	See Section 9 of			rur vanue
instruction sheet.			100	Common	\$1000
				TION MUST BE G	S*** \$10.00
This report must be executed this report must be executed	on behalf of the	corporation by an authoriz	ed representative. If the contrustee.	corporation is in the hand	Is of a receiver or trustee,
File Date		FILED FEB 0 5 2015	including any acco	perjury, I declare and affirm ompanying schedules and streame and correct.	that I have examined this repatements, and that all statements
Check No.	UNE occur Sectionary	1606	Signatur	1 france	Date Date
gy:			Raymond . Print or Type Name	J. Tomasso ′	
			/F ome		
FOR SECRETARY OF STA	TE USE ONING		<u>President</u>	<u>t </u>	