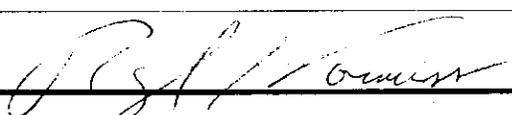




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 87546		2. Exact name of the Corporation Tomasso & Tomasso, Inc.			
3. Principal Office Address 1258 Elmwood Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 81 - Other Services (except		6. Brief description of the character of business conducted in Rhode Island A professional corporation offering legal services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond J. Tomasso			Vice-President Name John P. Tomasso		
Street Address 150 Lyndon Rd			Street Address 85 Stamford Avenue		
City Cranston	State RI	Zip 02905	City Providence	State RI	Zip 02907
Secretary Name John P. Tomasso			Treasurer Name Raymond J. Tomasso		
Street Address 85 Stamford Avenue			Street Address 150 Lyndon Rd		
City Providence	State RI	Zip 02907	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			100	Common	\$10.00
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 Raymond J. Tomasso					Date 2-6-2017
Signature of Authorized Representative 					FILED - 6 - 2017 FEB 10 2017

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

BY  FORM 630 - Revised: 10/2016