



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

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 530 - Revised: 10/2016