



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 2017

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. 41379		2. Exact name of the Corporation T's Inc.			
3. Principal office address 1059 Park Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. 401-946-5900			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Restaurant and catering.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Anthony D. Tomaselli			Vice-President Name Tina M. Tomaselli		
Street Address 15 Terra Court			Street Address 15 Terra Court		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Anthony D. Tomaselli			Treasurer Name Tina M. Tomaselli		
Street Address 15 Terra Court			Street Address 15 Terra Court		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Anthony D. Tomaselli			Director Name Tina M. Tomaselli		
Street Address 15 Terra Court			Street Address 15 Terra Court		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NONE	

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.

File Date: **MAR 03 2017**
 Check No.: **4090**
 BY: **4090**
 FOR SECRETARY OF STATE USE ONLY

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 of Authorized Representative: **Anthony D. Tomaselli** Date: **2/14/2017**

Anthony D. Tomaselli, President
 Print or Type Name of Authorized Representative