



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 1664857		2. Exact name of the Corporation TP, Inc.	
3. Principal Office Address 40 Newman Avenue		City Johnston	State RI
		Zip 02919	
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island To own and operate a restaurant and do all things incidental thereto.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Victor Tonev		Vice-President Name Same as President	
Street Address 40 Newman Avenue		Street Address	
City Johnston	State RI	City	State
	Zip 02919		Zip
Secretary Name Same as President		Treasurer Name Same as President	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized 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 200	CLASS/SERIES NO
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 Victor Tonev, President Signature of Authorized Representative 			
		Date 3/1/17	

FILED**MAR 13 2017**BY 277

MAIL TO:
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