



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 796443		2. Exact name of the Corporation TOMMY'S ORIGINAL MEATBALLS, INC.			
3. Principal Office Address 870 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island To own and operate a pizza/restaurant or restaurants			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas Sacco			Vice-President Name Thomas Sacco		
Street Address 21 Sweetbriar Drive			Street Address 21 Sweetbriar Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Thomas Sacco			Treasurer Name Thomas Sacco		
Street Address 21 Sweetbriar Drive			Street Address 21 Sweetbriar Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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	Zip	City	State	Zip
Director Name			Director Name		
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
			100 Shares		Common
					PAR VALUE
					No Par Value
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. <i>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.</i>					
Name of Authorized Representative Thomas Sacco <i>THOMAS P SACCO JR</i>					Date 3-13-17
Signature of Authorized Representative <i>[Signature]</i>					FILED MAR 15 2017 4144
SIGN DOCUMENT HERE					

MAIL TO:
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 Website: www.sos.ri.gov