State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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	2. Exact name of the Corporation
130738	Tommy's Pizza, Inc.

3. Principal Office Address	City	State	Zip
936 Chalkstone Avenue	Providence	RI	02908

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
72 - Accommodation and Food	To own and operate a pizza/restaurant or restaurants.
5 State of Incorporation: Rhode Island	722511

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Thomas P. Sacco, Jr.			Vice-President Name: Kimberly M. 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: Kimberly M. Sacco			Treasurer Name: Thomas P. Sacco, Jr.		
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 ☐

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common	0.00

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	Date
Thomas P. Sacco, Jr.	2-8-18

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

MAR 02 2018

BY 457605

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

FORM 630 - Revised: 10/2016