



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018****STAMP**

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 419618		2. Exact name of the Corporation Tommy's Pizza II, Inc.			
3. Principal Office Address 870 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 72 - Accommodation and Food	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 Rhode Island	122511				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE 0.01
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 Thomas P. Sacco, Jr.				Date 2-8-18	
Signature of Authorized Representative				FILED	
SIGN DOCUMENT HERE					

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

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