



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED **STAMP**

MAR 25 2019

DR
 STATE

NY 5049

1. Entity ID Number 000796443	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 722511	6. Brief description of the character of business conducted in Rhode Island RETAIL SPECIALTIES FOOD SALES
5. State of Incorporation Rhode Island	

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			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 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	CLASS/SERIES	PAR VALUE
	100 Shares	Common	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.

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 SACCO	Date 3-21-19
--	------------------------

Signature of Authorized Representative 	SIGN DOCUMENT HERE
--	--------------------