



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 96730		2. Name of Corporation Tomaselli, Inc.			
3. Street Address Principal Business Office 693 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 464-4666		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE THE RETAIL SALE OF PREPARED FOODS AND OTHER RELATED RESTAURANT/DELI ITEMS ALONG WITH BEVERAGES PURSUANT TO A BEER AND WINE LICENSE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louis Tomaselli, Jr.			Vice President Name Louis Tomaselli, Jr.		
Street Address 693 Oaklawn Avenue			Street Address 693 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Louis Tomaselli, Jr.			Treasurer Name Louis Tomaselli, Jr.		
Street Address 693 Oaklawn Avenue			Street Address 693 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600 shares	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date **FILED**

Check No. **FEB 08 2005**

By: **3349**

FOR SECRETARY OF STATE USE ONLY

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.

2/7/05
Signature of Officer Date

Louis Tomaselli, Jr.
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 96730		2. Name of Corporation Tomaselli, Inc.			
3. Street Address Principal Business Office 693 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 464-4666		5. State of Incorporation RHODE ISLAND		6. SIC Code 3079	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE THE RETAIL SALE OF PREPARED FOODS AND OTHER RELATED RESTAURANT/DELI ITEMS ALONG WITH BEVERAGES PURSUANT TO A BEER AND WINE LICENSE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louis Tomaselli, Jr.			Vice President Name Louis Tomaselli, Jr.		
Street Address 693 Oaklawn Avenue			Street Address 693 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Louis Tomaselli, Jr.			Treasurer Name Louis Tomaselli, Jr.		
Street Address 693 Oaklawn Avenue			Street Address 693 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600 shares	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 6 7 3 0 *

File Date 2-10-04

Check No. 2650

By: Lu

FOR SECRETARY OF STATE USE ONLY

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.

Louis Tomaselli, Jr. 2/9/04
Signature of Officer Date
Louis Tomaselli, Jr.
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 96730
2. Name of Corporation Tomaselli, Inc.

3. Street Address Principal Business Office

693 Oaklawn Avenue

4. Business Phone No.

(401) 464-4666

5. State of Incorporation

RHODE ISLAND

City

Cranston

State

RI

Zip

02920

6. SIC Code

3079

7. Brief Description of the Character of Business Conducted in Rhode Island

Deli/restaurant business, and any other legal purpose.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Louis Tomaselli, Jr.

Street Address

693 Oaklawn Avenue

City State Zip

Cranston RI 02920

Vice President Name

Louis Tomaselli, Jr.

Street Address

693 Oaklawn Avenue

City State Zip

Cranston RI 02920

Secretary Name

Louis Tomaselli, Jr.

Street Address

693 Oaklawn Avenue

City State Zip

Cranston RI 02920

Treasurer Name

Louis Tomaselli, Jr.

Street Address

693 Oaklawn Avenue

City State Zip

Cranston RI 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

600 shares Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 6 7 3 0 *

File Date: 2/25/03

Check No.: 1702

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2/24/03
Signature of Officer Date

Louis Tomaselli, Jr.
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96730** 2. Name of Corporation **Tomaselli, Inc.**
3. Street Address Principal Business Office **693 Oaklawn Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **(401) 464-4666** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**
7. Brief Description of the Character of Business Conducted in Rhode Island
Deli/restaurant business, and any other legal purpose.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Louis Tomaselli, Jr.	Vice President Name Louis Tomaselli, Jr.
Street Address 693 Oaklawn Avenue	Street Address 693 Oaklawn Avenue
City Cranston, State RI Zip 02920	City Cranston State RI Zip 02920
Secretary Name Louis Tomaselli, Jr.	Treasurer Name Louis Tomaselli, Jr.
Street Address 693 Oaklawn Avenue	Street Address 693 Oaklawn Avenue
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
600 shares Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 6 7 3 0 *

FILED

File Date: **MAY 03 2002**
Check No.: **CA#63**
By: **217023**
FOR SECRETARY OF STATE USE ONLY

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.

Louis Tomaselli Jr. **4/24/02**
Signature of Officer Date
LOUIS TOMASELLI JR.
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96730** 2. Name of Corporation **Tomaselli, Inc.**
3. Street Address Principal Business Office **1020 Park Avenue** City **Cranston** State **RI** Zip **02910**
4. Business Phone No. **464-4666** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**
7. Brief Description of the Character of Business Conducted in Rhode Island **deli/restaurant**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Joseph Tomaselli	Vice President Name Louis Tomaselli, Jr.
Street Address 1020 Park Avenue, No. 215	Street Address 1020 Park Avenue, No. 215
City State Zip Cranston RI 02910	City State Zip Cranston RI 02910
Secretary Name Donna Tomaselli	Treasurer Name Joseph Tomaselli
Street Address 1020 Park Avenue, No. 215	Street Address 1020 Park Avenue, No. 215
City State Zip Cranston RI 02910	City State Zip Cranston RI 02910

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	common	none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date: _____
Check No.: **APR 11 2001**
By: **By 122656**
FOR SECRETARY OF STATE USE ONLY

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.

Joseph Tomaselli
Signature of Officer _____ Date _____
Joseph Tomaselli
Print or Type Name of Officer _____
President
Title of Officer _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96730** 2. Name of Corporation **Tomaselli, Inc.**
3. Street Address Principal Business Office City State Zip
1020 Park Avenue, No. 215 Cranston RI 02910
4. Business Phone No. 464-4666 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**
7. Brief Description of the Character of Business Conducted in Rhode Island
deli/restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Joseph Tomaselli	Vice President Name Louis Tomaselli, Jr.
Street Address 1020 Park Avenue, No. 215	Street Address 1020 Park Avenue, No. 215
City State Zip Cranston RI 02910	City State Zip Cranston RI 02910
Secretary Name Donna Tomaselli	Treasurer Name Joseph Tomaselli
Street Address 1020 Park Avenue, No. 215	Street Address 1020 Park Avenue, No. 215
City State Zip Cranston, RI 02910	City State Zip Cranston, RI 02910

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 common none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 6 7 3 0 *

File Date: 5/1/2000
1999
Check No.: _____
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.
Joseph Tomaselli 4/24/00
Signature of Officer Date
JOSEPH TOMASELLI
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96730** 2. Name of Corporation **Tomaselli's Inc.**

3. Street Address Principal Business Office
693 Oaklawn Avenue City **Cranston** State **RI** Zip **02920**

4. Business Phone No. **401-464-4666** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
operate the retail sale of prepared foods

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Joseph Tomaselli	Vice President Name Louis Tomaselli, Jr.
Street Address 236 Mayfield Avenue	Street Address 180 Pheasant Drive
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920
Secretary Name Donna Tomaselli	Treasurer Name Joseph Tomaselli
Street Address 236 Mayfield Avenue	Street Address Same
City State Zip Cranston RI 02920	City State Zip Cranston RI 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600 NO PAR VALUE	Common	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Feb 22, 1999
Check No: 1056
By: [Signature]

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.

Signature of Officer: Donna Tomaselli Date: 2/3/99
Print or Type Name of Officer: Donna Tomaselli
Title of Officer: Secretary



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

96730

Tomaselli, Inc.

3. Street Address Principal Business Office

693 Oaklawn Avenue

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

464-4666

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3079

7. Brief Description of the Character of Business Conducted in Rhode Island

to operate the retail sale of prepared foods and other related restaurant/deli items

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Joseph Tomaselli

Vice President Name

Louis Tomaselli, Jr.

Street Address

693 Oaklawn Avenue

Street Address

693 Oaklawn Avenue

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

Secretary Name

Donna Tomaselli

Treasurer Name

Joseph Tomaselli

Street Address

693 Oaklawn Avenue

Street Address

693 Oaklawn Avenue

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

common

no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 6 7 3 0 *

File Date: 3-25-98

Check No.: 293

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Joseph Tomaselli 3/14/98
Signature of Officer Date

JOSEPH TOMASELLI
Print or Type Name of Officer

PRESIDENT
Title of Officer