



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

FILED

Annual Report for the year: 2020
 Corporation _____

FEB 03 2020
 5:11 PM

BY 80570
DD

- 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 41379		2. Exact name of the Corporation T's Inc.			
3. Principal Office Address 1059 Park Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 722511 od		6. Brief description of the character of business conducted in Rhode Island Restaurant and catering.			
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 Anthony D. Tomaselli			Vice-President Name Tina M. Tomaselli		
Street Address 15 Terra Court			Street Address 15 Terra Court		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Anthony D. Tomaselli			Treasurer Name Tina M. Tomaselli		
Street Address 15 Terra Court			Street Address 15 Terra Court		
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 Anthony D. Tomaselli			Director Name Tina M. tomaselli		
Street Address 15 Terra Court			Street Address 15 Terra Court		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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	PAR VALUE
			100	COMMON	NONE
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 Anthony D. Tomaselli, President				Date 1/24/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov