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R.I. DEPT. OF STATE
BUS SVCS DIV

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 OCT 22 A 9 49

Annual Report for the year: **2020**
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 130738		2. Exact name of the Corporation Tommy's Pizza, Inc.												
3. Principal Office Address 936 Chalkstone Avenue			City Providence	State RI	Zip 02908									
4. NAICS Code 722511		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														
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>0.</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	0.			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	Common	0.												
Changes require an additional filing.														
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 10.12.20									
Signature of Authorized Representative					SIGN DOCUMENT HERE									

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

OCT 22 2020

BY

YVXH4

FORM 630 - Revised: 10/2017