



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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

FEB 10 2021

BY Yule OS

1. Entity ID Number 44341		2. Exact name of the Corporation Tabbooma, Inc.			
3. Principal Office Address 1 Realty Way			City East Providence	State RI	Zip 02914
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
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 Steven Carlino			Vice-President Name George Pesce		
Street Address 1 Realty Way			Street Address 1 Realty Way		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Steven Carlino			Treasurer Name Steven Carlino		
Street Address 1 Realty Way			Street Address 1 Realty Way		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven Carlino			Director Name George Pesce		
Street Address 1 Realty Way			Street Address 1 Realty Way		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Eugene Carlino			Director Name		
Street Address 1 Realty Way			Street Address		
City East Providence	State RI	Zip 02914	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	NO PAR
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 STEVEN CARLINO					Date 1/19/2021
Signature of Authorized Representative 					

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