



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 09 2022
 BY le418 DS STAMP

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 10 Grande Ville Court			Street Address 10 Grande Ville Court		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name THOMAS SACCO			Treasurer Name THOMAS SACCO		
Street Address 10 Grande Ville Court			Street Address 10 Grande Ville Court		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
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			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 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 2-15-22	
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