	State of R	hode Island	4	Fee: \$50.00
Office of the Secretary of State				
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615 (401) 222-3040				
	nry 1 - May 1 R.I.G.L. 7-16-66(d), each limited			
refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2023				
1. ID No. <u>001673072</u>				
2. Exact Name of the Limited Liability Company <u>TOM FOOD LLC</u>				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>722513</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
<u>PIZZERIA</u>				
5. Principal Office	Address			
No. and Street:	<u>1526 SMITH STREET</u>			
City or Town:	NORTH PROVIDENCE	State: <u>RI</u>	Zip: <u>02911</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
	ntact Title: <u>1526 SMITH ST</u> UNIT <u>3</u>			
	NORTH PROVIDENCE	State: <u>RI</u>	Zip: <u>02911</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				

HALIL ONAT ERCELIK 1526 SMITH STREET NORTH PROVIDENCE , RI 02911

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 13 Day of February, 2023 at 2:52:08 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>HALIL ONAT ERCELIK</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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