



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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DEPT. OF STATE
BUSINESS SERVICES DIVISION

2023 MAR - 7 P 1:26

1. Entity ID Number 1692255		2. Exact name of the Corporation TOMASELLI RESTAURANT GROUP, INC.			
3. Principal Office Address 74 ROCKCREST DRIVE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT			
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 JOSEPH TOMASELLI			Vice-President Name MICHAEL TOMASELLI		
Street Address 74 ROCKCREST DRIVE			Street Address 74 ROCKCREST DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name JOSEPH TOMASELLI JR.			Treasurer Name JOSEPH TOMASELLI		
Street Address 74 ROCKCREST DRIVE			Street Address 74 Rockcrest 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			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		
			600		
			CNP		
			0		
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 JOSEPH TOMASELLI					Date 3-6-23
Signature of Authorized Representative <i>Joseph Tomaselli</i>					FILED

MAR 07 2023
BY [Signature] SGM FP
1626