State of Rhode Island Department of St	itate - Busir	ioce Sarvicae	Division	•	ED ,	
Annual Report for the y Corporation	/ear·	024	— <u> </u>	JAN 26 2024		
→ Filing period: February 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00	•	ot filed by May 31				
Entity ID Number		ne of the Corporatio			<u></u>	
87546		Tomasso & Tomasso Inc.				
Principal Office Address 1258 Elmwood Avenue			City Providence	State RI	Zip 02907	
4. NAICS Code	6. Bnef desc	ription of the chara-	i	1 1 11	02301	
541110	A profess	Brief description of the character of business conducted in Rhode Island A professional corporation offering legal services.				
5. State of Incorporation	⊣ ′	· · · · · · · · · · · · · · · · · · ·	John Orleining regul Gorano	,es.		
Rhode Island						
7. List ALL officers (names and ad	iddresses)					
President Name Raymond J. T	Tomasso		Vice-President Name John I	Check the box to indica	ate an attachment	
Street Address			John /	P. Tomasso		
Street Address 150 Lyndon Ro	oad		Street Address 85 Stamfor	rd Avenue		
^{City} Cranston	State RI	^{Zip} 02905	City Providence	State RI	^{Zip} 02907	
Secretary Name John P. Tomass	so		Treasurer Name Raymond	Treasurer Name Raymond J. Tomasso		
Street Address 85 Stamford Ave			Street Address	J. TOMaso		
			Street Address 150 Lyndo	n Road		
^{City} Providence	State RI	^{Z_{IP}} 02907	City Cranston	State RI	^{Zip} 02905	
List ALL directors (names and a Director Name	addresses)			Check the box to indica	I	
none			Director Name NONE		<u> </u>	
Street Address			Street Address		-	
City	State	Zip				
		 	City	State	Zip	
Director Name NONE			Director Name	Director Name		
Street Address			none			
			Street Address		_	
City	State	Zıp	City	State	Zip	

11. This report must be executed on behalf of the compration by an authorized representative. If the	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation by the receiver or trustee.	
Under penalty of perjury, I declare and affirm that I have examined this report, including any account	
statements, and that all statements contained herein are true and correct.	panying scredules and
Name of Authorized Representative	-
Device 11 T	Date

10. Shares Issued

100

NUMBER OF SHARES

Raymond J. Tomasso, President Signature of Authorized Representative

This information is currently of record in the

Changes require an additional filing.

1-22-2024

Check the box to indicate an attachment

\$10.00

Common

PAR VALUE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

9. Shares Authorized

Department of State.