



**State of Rhode Island
Department of State - Business Services Division**

FILED

MAR 06 2024

BY *[Signature]* 15635

Annual Report for the year: **2024**

Corporation

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

1. Entity ID Number 136444		2. Exact name of the Corporation Smittom, Inc.			
3. Principal Office Address 2490 Main Road			City Tiverton	State RI	Zip 02878
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island to own and operate a retail business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Alisha Kazen			Vice-President Name		
Street Address 3581 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Diane Erickson			Treasurer Name		
Street Address 33 America's Way			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Amanda L. Kazen			Director Name		
Street Address 3581 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	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/PER.FS
			200		PAR VALUE
			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 Alisha Kazen				Date 2/28/24	
Signature of Authorized Representative <i>[Signature]</i>					

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FILED
MAR 06 2024
BY *[Signature]* 2597

107597

1 Entity ID Number 050506124		2 Exact name of the Corporation T & K CORPORATION			
3 Principal Office Address 140 MAIN STREET			City PASCOAG	State RI	Zip 02859
4 NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island <i>To Operate A Pizza Sub restaurant</i>			
5. State of Incorporation RI					
5. State of Incorporation RI		FOOD			
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name THOMAS TZEREMES			Vice-President Name		
Street Address 56 GLEN STREET			Street Address		
City UXBRIDGE	State MA	Zip 01569	City	State	Zip
Secretary Name CONSTANTIN TZEREMES			Treasurer Name THOMAS TZEREMES		
Street Address 24 JEPHERSON DRIVE			Street Address 56 GLEN STREET		
City DOUGLAS	State MA	Zip 01516	City UXBRIDGE	State MA	Zip 01569
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name THOMAS TZEREMES			Director Name CONSTANTINOS TZEREMES		
Street Address 56 GLEN STREET			Street Address 24 JEPHERSON DRIVE		
City UXBRIDGE	State MA	Zip 01569	City DOUGLAS	State MA	Zip 01516
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		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	STK	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					Date
Signature of Authorized Representative <i>Thomas Tzeremes</i>					

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