



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 <b>136444</b>		2. Exact name of the Corporation <b>Smittom, Inc.</b>			
3. Principal Office Address <b>2490 Main Road</b>			City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
4. NAICS Code <b>445310</b>		6. Brief description of the character of business conducted in Rhode Island <b>to own and operate a retail business</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>Alisha Kazen</b>			Vice-President Name		
Street Address <b>3581 Main Road</b>			Street Address		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City	State	Zip
Secretary Name <b>Diane Erickson</b>			Treasurer Name		
Street Address <b>33 America's Way</b>			Street Address		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Amanda L. Kazen</b>			Director Name		
Street Address <b>3581 Main Road</b>			Street Address		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/PER.FS	
		200		common	
				PAR VALUE	
				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.					
<b>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.</b>					
Name of Authorized Representative <b>Alisha Kazen</b>					Date <b>2/28/24</b>
Signature of Authorized Representative <i>[Signature]</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

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**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		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			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		STK	0
Changes require an additional filing.					
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.					
<b>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.</b>					
Name of Authorized Representative					Date
Signature of Authorized Representative <i>Thomas Tzeremes</i>					

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