



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

**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.

**FILED**

**MAR 18 2024**

BY 46025  
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1. Entity ID Number <b>34719</b>		2. Exact name of the Corporation <b>Tom's Fruit and Deli, Inc.</b>			
3. Principal Office Address <b>821 Tiogue Avenue</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>445230</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sell at wholesale/retail fruit, produce and other food related items.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Thomas DeAngelis</b>			Vice-President Name <b>Glenn Place</b>		
Street Address <b>821 Tiogue Avenue</b>			Street Address <b>821 Tiogue Avenue</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Thomas DeAngelis</b>			Treasurer Name <b>Donna M. DeAngelis</b>		
Street Address <b>821 Tiogue Avenue</b>			Street Address <b>821 Tiogue Avenue</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
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>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1,300</b>	<b>STK</b>	<b>\$0.000</b>
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 <b>Thomas DeAngelis</b>				Date <b>3-18-24</b>	
Signature of Authorized Representative 					