RI SOS Filing Number: 202449134960 Date: 3/18/2024 4:00:00 PM

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

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Annual Report for the year: 2024

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.	00 fee if form is n	ot filed by May 31.							
Entity ID Number	2. Exact nam	2. Exact name of the Corporation							
34719	Tom's F	Tom's Fruit and Deli, Inc.							
3. Principal Office Address			City		State	Zip			
821 Tiogue Avenue			Coven	try	RI	02816			
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island							
445230	Sell at wh	Sell at wholesale/retail fruit, produce and other food related items.							
5. State of Incorporation		iologaiori otali i	rait, produ		Toda Tolatea I	como.			
Rhode Island									
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name Thomas DeAngelis				Vice-President Name Glenn Place					
Street Address 821 Tiogue /			Street Address 821 Tiogue Avenue						
Coventry Coventry	State RI	^{Zip} 02816	City Cov	entry	State RI	Zip 02816			
	Thomas DeAngelis Treasurer N				nsurer Name Donna M. DeAngelis				
Street Address 821 Tiogue Avenue			Street Address 821 Tiogue Avenue						
Coventry Coventry	State RI	^{Zip} 02816	City Coventry		State RI	Zip 02816			
8. List ALL directors (names an	d addresses)				k the box to indicat	e an attachment 🔲			
Director Name None			Director Na	Director Name None					
Street Address			Street Addr	Street Address					
City	State	Zıp	City		State	Zip			
Director Name None			Director Name None						
Street Address			Street Addr	Street Address					
City	State	Zip	Crty	<u>. </u>	State	Zıp			
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachme				e an attachment			
This information is currently of re Department of State.	ecord in the	d in the NUMBER OF				S PAR VALUE			
•		1,300		STK	\$	0.()()()			
Changes require an additional filing.									
11. This report must be execute	d on behalf of the	corporation by an a	uthorized rep	resentative. If the	corporation is in t	he hands of a re-			
ceiver or trustee, this report mu Under penalty of periury. I de	st be executed on	behalf of the corpor	ation by the r	eceiver or trustee	e. Accompanying of	hadulas and			
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				
Thomas DeAngelis					\\	3-18-24			
Signature of Authorized Representative									
In.	2 50	7	-						
MAIL TO:	\overline{X}								

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904 2615

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