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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 18 2024
BY

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	2. Exact name of the Corporation
686929	Tom's Market of Tiverton, Inc.

3. Principal Office Address	City	State	Zip
492 Main Street	Tiverton	RI	02878

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445110	To sell all food and other consumer production and to engage in all activities that corporations may lawfully engage in
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Thomas DeAngelis	492 Main Road	Tiverton	RI	02878

Vice-President Name	Street Address	City	State	Zip
Glenn Place	492 Main Road	Tiverton	RI	02878

Secretary Name	Street Address	City	State	Zip
Thomas DeAngelis	492 Main Road	Tiverton	RI	02878

Treasurer Name	Street Address	City	State	Zip
Donna M. DeAngelis	492 Main Road	Tiverton	RI	02878

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,100	CWP	$0.0100

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
Thomas DeAngelis	3-18-24

Signature of Authorized Representative: Thomas DeAngelis

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