

REC'D RIDOS BSD
24 APR 22 PM 2:27:12



**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.

1. Entity ID Number 000419618		2. Exact name of the Corporation Tommy's Pizza II, Inc.			
3. Principal Office Address 870 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island To own and operate a pizza/restaurant or restaurants.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas P. Sacco, Jr.			Vice-President Name Henry Latek		
Street Address 870 Oaklawn Avenue			Street Address 870 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Henry Latek			Treasurer Name Thomas P. Sacco, Jr.		
Street Address 870 Oaklawn Avenue			Street Address 870 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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/SERIES	PAR VALUE
		1000	Common	0.01	
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 Thomas P. Sacco, Jr., President			FILED 227		Date 4-10-24
Signature of Authorized Representative 			APR 22 2024 BY 8424		

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