



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

Annual Report for the year: **2025**

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
FEB 10 2025
BY 46788
EG

1. Entity ID Number 34719		2. Exact name of the Corporation Tom's Fruit and Deli, Inc.			
3. Principal Office Address 821 Tiogue Avenue			City Coventry	State RI	Zip 02816
4. NAICS Code 445230		6. Brief description of the character of business conducted in Rhode Island Sell at wholesale/retail fruit, produce and other food related items.			
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 DeAngelis			Vice-President Name Glenn Place		
Street Address 821 Tiogue Avenue			Street Address 821 Tiogue Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Thomas DeAngelis			Treasurer Name Donna M. DeAngelis		
Street Address 821 Tiogue Avenue			Street Address 821 Tiogue Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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
		1,300	STK	\$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 Thomas DeAngelis					Date 2-6-25
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov