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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
11051	TOSCANO'S MEN'S SHOP, INC.

3. Street Address Principal Business Office	City	State	Zip
9 Canal Street	Westerly	RI	02891

4. Business Phone No.	5. State of Incorporation
401-596-2584	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
Men's clothing store

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Paul Gencarella	John P. Toscano, Jr.
Street Address: 1 Plateau Road	Street Address: 9 Canal Street
City: Westerly; State: RI; Zip: 02891	City: Westerly; State: RI; Zip: 02891
Secretary Name	**Treasurer Name**
Rose Gencarella	Nancy Ann Toscano
Street Address: 1 Plateau Road	Street Address: 66 State Street
City: Westerly; State: RI; Zip: 02891	City: Westerly; State: RI; Zip: 02891

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Paul Gencarella	John P. Toscano, Jr.
Street Address: 1 Plateau Road	Street Address: 9 Canal Street
City: Westerly; State: RI; Zip: 02891	City: Westerly; State: RI; Zip: 02891
Director Name	**Director Name**
Rose Gencarella	None
Street Address: 1 Plateau Road	Street Address:
City: Westerly; State: RI; Zip: 02891	City: ; State: ; Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
250 COMM NPV		

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.

[redacted]

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.

Signature *Date* 3/4/09

Paul Gencarella
Print or Type Name

[redacted] President
Title

FILED
File Date MAR 05 2009
Check No.
By: By 1803
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31510-2-355413

Form 630 Rev. 08/08