



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>988803</u>		2. Exact name of the Corporation <u>The Toy Vault Inc.</u>			
3. Principal office address <u>34 Lark Industrial Pkwy</u>		City <u>Greenville</u>		State <u>RI</u>	Zip <u>02828</u>
4. Business Phone No. <u>401-349-3889</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>retail sales of toys, cards, comics</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <u>Daniel P Mayer</u>			Vice-President Name <u>Same</u>		
Street Address <u>26 Sophia Lane</u>			Street Address		
City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	City	State	Zip
Secretary Name <u>Same</u>			Treasurer Name <u>Same</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <u>Daniel P Mayer</u>			Director Name		
Street Address <u>26 Sophia Lane</u>			Street Address		
City <u>Greenville</u>	State <u>RI</u>	Zip <u>02828</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE

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.

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED 11/21

APR 30 2013

BY

196006

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.

Daniel P Mayer
Signature of Authorized Representative

4/28/13
Date

Daniel P Mayer
Print or Type Name of Authorized Representative