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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 2014

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.	2. Exact name of the Corporation
70841	FRANK'S TAILOR SHOP INC

3. Principal office address	City	State	Zip
1455 MINERAL SPRING AVE	NORTH PROVIDENCE	RI	02904

4. Business Phone No.	5. State of Incorporation
401-354-6648	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
TAILORING, RETAIL SALES OF MENS AND WOMENS CLOTHING

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
DANIEL WEIDINGER	40 SUPERIOR VIEW DRIVE	NORTH PROVIDENCE	RI	02904

Vice-President Name	Street Address	City	State	Zip
DANIEL WEIDINGER	40 SUPERIOR VIEW DRIVE	NORTH PROVIDENCE	RI	02904

Secretary Name	Street Address	City	State	Zip
DANIEL WEIDINGER	40 SUPERIOR VIEW DRIVE	NORTH PROVIDENCE	RI	02904

Treasurer Name	Street Address	City	State	Zip
DANIEL WEIDINGER	40 SUPERIOR VIEW DRIVE	NORTH PROVIDENCE	RI	02904

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
DANIEL WEIDINGER	40 SUPERIOR VIEW DRIVE	NORTH PROVIDENCE	RI	02904

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NONE		

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.

Signature of Authorized Representative — Date 1/31/14

DANIEL WEIDINGER
Print or Type Name of Authorized Representative

File Date FILED
Check No
By
FOR SECRETARY OF STATE USE ONLY
FEB 11 2014
BY 4664

Revised: 2/1/2012

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