



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

2016

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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. <b>36074</b>		2. Exact name of the Corporation <b>TOTI'S INC.</b>					
3. Principal office address <b>2 CALLAHAN SCHOOL ST</b>				City <b>HARRISVILLE</b>	State <b>R.I</b>	Zip <b>02830</b>	
4. Business Phone No. <b>401-568-7128</b>				5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>BAR CAFE</b>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>DORA WATERMAN</b>				Vice-President Name <b>SAME</b>			
Street Address <b>2 CALLAHAN SCHOOL ST</b>				Street Address			
City <b>HARRISVILLE</b>	State <b>RI</b>	Zip <b>02830</b>		City	State	Zip	
Secretary Name <b>SAME</b>				Treasurer Name <b>SAME</b>			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <b>SAME</b>				Director Name <b>SAME</b>			
Street Address				Street Address			
City	State	Zip		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 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	
				<b>200 Common</b>	<b>no par value</b>		

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

**FILED**

**JAN 07 2016**

BY HL 477791

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.

*Dora Waterman*  
 Signature of Authorized Representative Date

**DORA WATERMAN**  
 Print of Type Name of Authorized Representative