



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** 2016

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>10683</u>		2. Exact name of the Corporation <u>TOLLGATE FLORIST, INC.</u>		
3. Principal office address <u>89 GLENWOOD DRIVE</u>		City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>
4. Business Phone No. <u>401-739-6053</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>FRANK A. NERI</u>		Vice-President Name <u>FRANK A. NERI</u>		
Street Address <u>89 GLENWOOD DRIVE</u>		Street Address <u>89 GLENWOOD DRIVE</u>		
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>	City <u>WARWICK</u>	State <u>R.I.</u>
Secretary Name <u>FRANK A. NERI</u>		Treasurer Name <u>FRANK A. NERI</u>		
Street Address <u>SAME AS ABOVE</u>		Street Address <u>SAME AS ABOVE</u>		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>FRANK A. NERI</u>		Director Name		
Street Address <u>89 GLENWOOD DRIVE</u>		Street Address		
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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. <u>100</u>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<u>100</u>	<u>CNP</u>	<u>0</u>

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.

**FILED**  
 File Date MAR 01 2016  
 Check No 3784  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY

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.  
Frank A. Neri 2-23-16  
 Signature of Authorized Representative Date  
FRANK A. NERI  
 Print or Type Name of Authorized Representative