



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

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