



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. 91841		2. Exact name of the Corporation The Toy maker Inc								
3. Principal office address 172 Kimberly Dr		City W. Greenwich	State RI	Zip 02817						
4. Business Phone No. 401-392-0326		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island Manufacture + sell wooden toys, games and home decor items										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Joel C Peterson		Vice-President Name Marcia A Peterson								
Street Address 172 Kimberly Dr		Street Address 172 Kimberly Dr								
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI						
Secretary Name Joel C Peterson		Treasurer Name Marcia A Peterson								
Street Address 172 Kimberly Dr		Street Address 172 Kimberly Dr								
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI						
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Joel C Peterson		Director Name Marcia A Peterson								
Street Address 172 Kimberly Dr		Street Address 172 Kimberly Dr								
City W. Greenwich	State RI	Zip 02817	City W. Greenwich	State RI						
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.					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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 17 2016

BY KL 1064

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.

Joel C Peterson **3/16/16**
Signature of Authorized Representative Date

Joel C Peterson
Print or Type Name of Authorized Representative