



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 ToyMaker 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: _____

FILED

MAR 17 2016

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

FOR SECRETARY OF STATE USE ONLY BY **KL 1064**

Joel C Peterson
 Print or Type Name of Authorized Representative