



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

20-16

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. 38389		2. Exact name of the Corporation Toby Rental Corp			
3. Principal office address 1350 CENTRAL AVE			City JOHNSTON	State RI	Zip 02919
4. Business Phone No.			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Nicholas Castelli			Vice-President Name JOANNA CASTELLI		
Street Address 1350 CENTRAL AVE			Street Address 1350 CENTRAL AVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name Nicholas Castelli			Treasurer Name JOANNA CASTELLI		
Street Address 1350 CENTRAL AVE			Street Address 1350 CENTRAL AVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
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)		
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
			1000		0

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 MAR 21 AM 10:40

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: **FILED**
 Check No: **MAR 21 2016**
 By: **270444**
 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.

Robert L Castelli
 Signature of Authorized Representative
ROBERT L CASTELLI
 Print or Type Name of Authorized Representative

3/21/16
 Date