



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 36074		2. Exact name of the Corporation Toti's Inc			
3. Principal Office Address 8 Callahan School Street		City Harrisville		State RI	Zip 02830
4. NAICS Code 72 - Accommodation and Fo		6. Brief description of the character of business conducted in Rhode Island Bar/Cafe			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dora Waterman			Vice-President Name		
Street Address 2 Callahan School Street			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
Secretary Name Dora Waterman			Treasurer Name Dora Waterman		
Street Address 2 Callahan School Street			Street Address 2 Callahan School Street		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dora Waterman			Director Name		
Street Address 2 Callahan School Street			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		STK		no par	
11. 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.					
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.					
Name of Authorized Representative DORA WATERMAN					Date 1/9/17
Signature of Authorized Representative <i>Dora Waterman</i>					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 13 2017

BY **905699**
LJ
FORM 630 - Revised: 10/2016