



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.

FILED

JAN 23 2017 *02*

BY 41485

| | | | | | |
|--|---------------|--|---|-------------------|-------------------|
| 1. Entity ID Number 19214 | | 2. Exact name of the Corporation YORKER SHOES, INC. | | | |
| 3. Principal Office Address 1503 Hartford Avenue | | City Johnston | | State RI | Zip 02919-0000 |
| 4. Business Phone Number: (401) 274-2211 | | 6. Brief description of the character of business conducted in Rhode Island retail shoe sales | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Richard D. Tamaro | | | Vice-President Name Lorraine E. Tamaro | | |
| Street Address 28 Countryside Lane | | | Street Address 28 Countryside Lane | | |
| City North Scituate | State RI | Zip 02857- | City North Scituate | State RI | Zip 02857- |
| Secretary Name Lorraine E. Tamaro | | | Treasurer Name Richard D. Tamaro | | |
| Street Address 28 Countryside Lane | | | Street Address 28 Countryside Lane | | |
| City North Scituate | State RI | Zip 02857- | City North Scituate | State RI | Zip 02857- |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Richard D. Tamaro | | | Director Name Lorraine E. Tamaro | | |
| Street Address 28 Countryside Lane | | | Street Address 28 Countryside Lane | | |
| City North Scituate | State RI | Zip 02857- | City North Scituate | State RI | Zip 02857- |
| Director Name none | | | Director Name none | | |
| Street Address none | | | Street Address none | | |
| City none | State none | Zip none | City none | State none | Zip none |
| 9. Shares Authorized | | | | | |
| 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 | |
| 100 | | Common | | 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 Richard D. Tamaro President | | | | Date 1/02/2017 | |
| Signature of Authorized Representative | | | | | |
| SIGN DOCUMENT HERE | | | | | |

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