



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.

#50<sup>00</sup> OK #4766

1. Entity ID Number <b>91305</b>		2. Exact name of the Corporation <b>Toll Gate Professional Building Inc</b>			
3. Principal Office Address <b>Suite 105; 200 Toll Gate Rd</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>53</b>		6. Brief description of the character of business conducted in Rhode Island <b>Rental Property</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SAMUEL F. WINSPER</b>			Vice-President Name		
Street Address <b>2 SALLY ANN DRIV</b>			Street Address		
City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>SAMUEL F. WINSPER</b>			Treasurer Name <b>SAMUEL F. WINSPER</b>		
Street Address <b>SAME</b>			Street Address <b>SAME</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address <b>NONE</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>		
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. <b>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.</b>					
Name of Authorized Representative <b>SAMUEL F. WINSPER</b>				Date <b>1/22/17</b>	
Signature of Authorized Representative <i>Samuel Winsper</i> <b>FILED</b>					

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 26 2017 #50<sup>00</sup>  
 BY 4766 OK #4766  
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