



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 <u>10683</u>		2. Exact name of the Corporation <u>TOLLGATE FLORIST, INC.</u>			
3. Principal Office Address <u>89 GLENWOOD DRIVE</u>		City <u>WARWICK</u>		State <u>R.I.</u>	Zip <u>02889</u>
4. NAICS Code <u>44-45</u>		6. Brief description of the character of business conducted in Rhode Island <u>FORMALLY RETAIL FLORIST</u> <u>BUSINESS IS INACTIVE</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>FRANK A. NERI</u>			Vice-President Name <u>FRANK A. NERI</u>		
Street Address <u>89 GLENWOOD DRIVE</u>			Street Address <u>89 GLENWOOD DRIVE</u>		
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>	City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>
Secretary Name <u>FRANK A. NERI</u>			Treasurer Name <u>FRANK A. NERI</u>		
Street Address <u>SAME AS ABOVE</u>			Street Address <u>SAME AS ABOVE</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>FRANK A. NERI</u>			Director Name		
Street Address <u>89 GLENWOOD DRIVE</u>			Street Address		
City <u>WARWICK</u>	State <u>R.I.</u>	Zip <u>02889</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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. <u>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.</u>					
Name of Authorized Representative <u>Frank A. Neri</u> <u>FRANK A. NERI</u>					Date <u>2-25-17</u>
Signature of Authorized Representative <u>Frank A. Neri</u>					

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

FILED

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