	RI SOS Filing Number: 20173718 State of Rhode Island and Providence Plantations  Department of State - Business Ser
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## s Services Division

Annual Report for the year:	2017
Corporation	2011

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

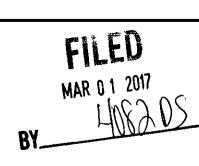
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Penaity: Additional \$25.00 to		med by April 1.						
. Entity ID Number 2. Exact name of the Corporation								
10683 TOLLGATE FLORIST, INC.								
3. Principal Office Address		City	4	State	Zip			
89 GLENWO	VE	WAR	WICK	R.I.	02887			
NAICS Code     6. Brief description of the character of business conducted in Rhode Island								
44-45 FORMALLY RETAIL FLORIST								
State of Incorporation  BUSINESS IS INFICTIVE								
R.I. 1303/01233 13 INTERIOR								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name FRANK 日. NE		Vice-President Name FRANK A. NERI						
Street Address  ST GLENWOOD		Street Address 89 CLENWOOD DRIVE						
Street Address 89 GLENWOOD City WARWICK	State 尺.エ・	U2889	City WAR	ewick	State ペ,エ.	Zip (339		
Secretary Name FRANK ロ. ル		Treasurer Name FRANK A. NERI						
Street Address SAME AS AT		Street Address SAME AS ABOVE						
City	State	Zip	City	<u>, ~ , </u>	State	Zip		
8. List ALL directors (names and ad	ldresses)		I.	Check t	he box to indica	ate an attachment		
Director Name		Director Name						
Street Address GLENWOOD		Street Address						
City WARWICK	State R.エ.	Zip 02887	City		State	Zip		
Director Name		Director Name						
Street Address		Street Address						
City	State	Zip	City		State	Zip		
9. Shares Authorized	10. Shares Issue							
This information is currently of recon Department of State.	d in the	NUMBER OF S	IARES			PAR VALUE		
Changes require an additional filing.		100	100 CNP		Ü			
anangos rodono en accidenta ming.								
11. This report must be executed or					ation is in the h	ands 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 Date								
Frank U. Offeri I-RANK A. NERI 2-25-18						5-14		
Signature of Authorized Representa	tive							

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 02/2017