



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 10683		2. Exact name of the Corporation TOLLGATE FLORIST, INC.				
3. Principal Office Address 89 GLENWOOD DRIVE		City WARWICK		State R.I.	Zip 02889	
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island FORMALLY RETAIL FLORIST				
5. State of Incorporation R.I.		BUSINESS IS INACTIVE				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name FRANK A. NERI			Vice-President Name FRANK A. NERI			
Street Address 89 GLENWOOD DRIVE			Street Address 89 GLENWOOD DRIVE			
City WARWICK	State R.I.	Zip 02889	City WARWICK	State R.I.	Zip 02889	
Secretary Name FRANK A. NERI			Treasurer Name FRANK A. NERI			
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE			
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 FRANK A. NERI			Director Name			
Street Address 89 GLENWOOD DRIVE			Street Address			
City WARWICK	State R.I.	Zip 02889	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	
		100		CNP	0	
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 Frank A. Neri FRANK A. NERI				Date 2-25-17		
Signature of Authorized Representative <i>Frank A. Neri</i>						

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
 MAR 01 2017
 BY 4082 DS