



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**

STATE

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 101586		2. Exact name of the Corporation Toots Zynsky, Inc.			
3. Principal Office Address 116 Orange Street		City Providence		State RI	Zip 02903
4. NAICS Code 711510		6. Brief description of the character of business conducted in Rhode Island Artist and art sales			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name M.A. Toots Zynsky			Vice-President Name M.A. Toots Zynsky		
Street Address 116 Orange Street			Street Address 116 Orange Steet		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name M.A. Toots Zynsky			Treasurer Name Diau P.Z. Hall		
Street Address 116 Orange Street			Street Address 116 Orange Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name M.A. Toots Zynsky			Director Name		
Street Address same as above			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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			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 M.A. Toots Zynsky					Date 2/26/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

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

MAR 01 2018

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FORM 630 - Revised: 10/2017