



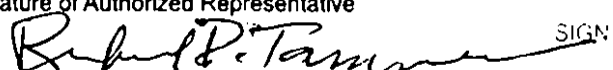
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

STAMP

- 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 19214		2. Exact name of the Corporation YORKER SHOES, INC.			
3. Principal Office Address 1503 Hartford Avenue			City Johnston	State RI	Zip 02919-0000
4. NAICS Code 424340	6. Brief description of the character of business conducted in Rhode Island retail shoe sales				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard D. Tammaro			Vice-President Name Lorraine E. Tammaro		
Street Address 28 Countryside Lane			Street Address 28 Countryside Lane		
City North Scituate	State RI	Zip 02857-	City North Scituate	State RI	Zip 02857-
Secretary Name Lorraine E. Tammaro			Treasurer Name Richard D. Tammaro		
Street Address 28 Countryside Lane			Street Address 28 Countryside Lane		
City North Scituate	State RI	Zip 02857-	City North Scituate	State RI	Zip 02857-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard D. Tammaro			Director Name Lorraine E. Tammaro		
Street Address 28 Countryside Lane			Street Address 28 Countryside Lane		
City North Scituate	State RI	Zip 02857-	City North Scituate	State RI	Zip 02857-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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. <i>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.</i>					
Name of Authorized Representative Richard D. Tammaro				Date 1/07/2019	
Signature of Authorized Representative  SIGN DOCUMENT HERE					

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 17 2019

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