

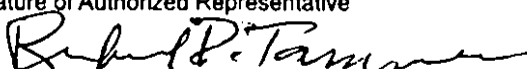


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2019
 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 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	
		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. <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 President				Date 1/07/2019		
Signature of Authorized Representative  <div style="text-align: right;">SIGN DOCUMENT HERE FILED JAN 17 2019 BY <u>42994</u></div>						

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