



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

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 1336191		2. Exact name of the Corporation Togs on Brook, Inc.			
3. Principal Office Address 117 Brook Street			City Providence	State RI	Zip 02906
4. NAICS Code 403210		6. Brief description of the character of business conducted in Rhode Island Retail consignment sales.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mary E. Tabor			Vice-President Name Mary E. Tabor		
Street Address 12 Sunnyside Avenue			Street Address 12 Sunnyside Avenue		
City Bristol	State RI	Zip 02809	City Cranston	State RI	Zip 02809
Secretary Name Mary E. Tabor			Treasurer Name Mary E. Tabor		
Street Address 12 Sunnyside Avenue			Street Address 12 Sunnyside Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mary E. Tabor			Director Name		
Street Address 12 Sunnyside Avenue			Street Address		
City Bristol	State RI	Zip 02809	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		
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 Mary E. Tabor					Date 2/11/2019
Signature of Authorized Representative <i>Mary E. Tabor</i> PRCS, D-211 SIGN DOCUMENT HERE FILED <i>02</i>					

FEB 12 2019

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