



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 000010683		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 453110		6. Brief description of the character of business conducted in Rhode Island 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		
100			CNP		
			PAR VALUE		
			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					Date 2-18-19
Signature of Authorized Representative Frank A. Neri					

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

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FORM 630 - Revised: 10/2017

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