



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

Annual Report for the year: 2020
 Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 09 2020

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| | | | | | |
|--|---------------|--|--|-------------------|--|
| 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 | | | |
| 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 Richard D. Tammaro President | | | | Date 1/06/2020 | |
| 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