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
STAMP
FOR
BY 433331

1. Entity ID Number	2. Exact name of the Corporation
19214	YORKER SHOES, INC.

3. Principal Office Address	City	State	Zip
1503 Hartford Avenue	Johnston	RI	02919-0000

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
424340	retail shoe sales
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip	Vice-President Name	Street Address	City	State	Zip
Richard D. Tammaro	28 Countryside Lane	North Scituate	RI	02857-	Lorraine E. Tammaro	28 Countryside Lane	North Scituate	RI	02857-

Secretary Name	Street Address	City	State	Zip	Treasurer Name	Street Address	City	State	Zip
Lorraine E. Tammaro	28 Countryside Lane	North Scituate	RI	02857-	Richard D. Tammaro	28 Countryside Lane	North Scituate	RI	02857-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip
Richard D. Tammaro	28 Countryside Lane	North Scituate	RI	02857-	Lorraine E. Tammaro	28 Countryside Lane	North Scituate	RI	02857-
none	none	none	none	none	none	none	none	none	none

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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	Date
Richard D. Tammaro President	1/06/2020

Signature of Authorized Representative

Richard D. Tammaro 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

FORM 630 - Revised: 10/2017