



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

FILED

FEB 26 2020

5079

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.

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.	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	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.	City	State
		Zip 02889	
Director Name		Director Name	
Street Address		Street Address	
City	State	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	
		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 2-23-20
Signature of Authorized Representative <i>Frank A. Neri</i>			

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