RI SOS Filing Number: 202035482990 Date: 2/27/2020 4:00:00 PM



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

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→ Penalty: Additional \$25	.00 fee if form is no	ot filed by April 1		٠ ٧٠			
1. Entity ID Number 000101586		2. Exact name of the Corporation Toots Zynsky, Inc.					
3 Principal Office Address		•	City		State	Zip	
116 Orange Street	Providence		Ri	02903			
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 711510 Artist and art sales							
5. State of Incorporation	\dashv					4	
Rhode Island						·	
7 List ALL officers (names an	Check the box to indicate an attachment						
President Name M.A. Toots Zy		V.ce-President Name M.A. Toots Zynsky					
Street Address 116 Orange Str	Street Address 116 Orange Street						
City Providence	State RI	^{Ζιρ} 02903	Cily Providence		State RI	^{Zip} 02903	
Secretary Name M.A. Toots Zy	Treasurer Name Diau P. Z. Hall						
Street Address 116 Orange St	Street Address 116 Orange Street						
City Providence	State RI	^{Zıp} 02903	Čity Providence		State RI	^{Zıp} 02903	
8. List ALL directors (names a	and addresses)		10		the box to i	ndicate an attachment	
Director Name M. A. Toots Zy	nsky		Director Name	:			
Street Address same as above	Street Address						
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Aodress		Street Address					
City	ty State		City		State	Ζιρ	
9 Shares Authorized	Shares Authorized 10. Shares		Sued Check the box to indicate an attachment				
This information is currently o	f record in the	NUMBER OF SHARES			CLASS/SERIES PAR VALUE		
Department of State.		100		Common	Common		
Changes require an additional							
11. This report must be exect	uted on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in	the hands of a receiver or	
trustee, this report must be e	xecuted on behalf o	f the corporation by	y the <u>receiver or t</u> i	rustee.			
Under penalty of perjury, I detaction on the said that all sta				including any accor	npanying s	chedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
M. A. Toots Zynsky					Far	3,21,2020	
Signature of Authorized Repr	resentative	SIG	NSU * N. 11 1ki			ſ	
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MAIL TO:

Division of Business Services

148 W River Street, Providence, Rnode Island 02904/28/5

Phone: (401) 222-3040 Website: www.scs.n.gov