State of Rhode Island Department of		ess Services I	Division	7		.)	
Annual Report for the year: 2021			FEB 24 2021		ر سال ما المال		
Corporation → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.0	E 147						
1. Entity ID Number 10177	2. Exact name Tool-Time, I	e of the Corporation	1		-		
Principal Office Address South Street			City Providence	City Providence		Zip RI 02903	
NAICS Code 722511 Maintain and operate a restaurant and tavern State of Incorporation						J	··
Rhode Island				·			
7. List ALL officers (names and		<u>-</u>		Check	the box to	indicate an	attachment 🔲
President Name Stephanic Fini	Vice-President Name Stephanie Finizia						
Street Address 75 South Street	Street Address 75 South Street						
City Providence	State RI	Zip 02903	City Providence		State R	Z	ip 02903
Secretary Name Stephanie Fini	Treasurer Nar	Treasurer Name Stephanie Finizia					
Street Address 75 South Street	Street Address 75 South Street						
City Provideence	State RI	Zip ₍₎₂₉₀₃	City Providence		State R	Z	ip 02903
8. List ALL directors (names ar	d addresses)	· ·		Check	the box to	indicate an	attachment
Director Name Nonc			Director Name				
Street Address			Street Address				
City	State	Zip	City	City		Z	ip
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Z	ip
9. Shares Authorized		10. Shares Issu	ued	Check	the box to i	ndicate an	attachment
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	SHARES	CLASS/SERIES COMMON		PAR VALUE	
		200	200		по ра		
11. This report must be everythe	ed on babalf of the		uthorized conse	and-time of the common		***	
11. This report must be execute trustee, this report must be exe	<u>cuted on behalf of</u> t	the corporation by t	he receiver or tr	rustee.			
Under penalty of perjury, I de statements, and that all state	rciare and amm u ments contained i	iat i nave examine herein are true ani	a mis report, i d correct.	ncivoing any accon	npanying s	chedules a	and
Name of Authorized Represent Richard Jessup, JR.		Date					
· · · · · · · · · · · · · · · · · · ·	Gen Cou	en Counsel 2/19/21			·, · ,, <u>.</u> ,		
Signature of Authorized Repres	sentative				1		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov