RI SOS Filing Number: 202193288090 Date: 2/26/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 26 2021
STAMP
FOR
B 7259

Annual Report for the year: 2021
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	2. Exact name of the Corporation		
000011051	TOSCANO'S MEN'S SHOP, INC.		
3. Principal Office Address	City	State	Zip
9 Canal Street	Westerly	RI	02891
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
448110	Men's clothing store		
5. State of Incorporation			
RI			

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

President Name: Paul Gencarella			Vice-President Name: None		
Street Address: 1 Plateau Road			Street Address:		
City: Westerly	State: RI	Zip: 02891	City:	State:	Zip:
Secretary Name: Rose Gencarella			Treasurer Name: Rose Gencarella		
Street Address: 1 Plateau Road			Street Address: 1 Plateau Road		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

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

Director Name: Brian M. Capalbo			Director Name: Ronald E. Capalbo		
Street Address: 130 Granite St., PO Box 61			Street Address: 130 Granite St., PO Box 61		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	250 Common NPV	Common	NPV

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
Paul Gencarella	2/24/21

Signature of Authorized Representative: Paul Gencarella

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: 08/2020