State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 01 2021

RV 32607

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
17111	North American Shoe Co Inc

3. Principal Office Address	City	State	Zip
895 Warren Avenue	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423110	Wholesale
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
Mark Itzkowitz	19 Cranberry Lane	Middleton	MA	01949

Vice-President Name	Street Address	City	State	Zip
Barry Katz	30 Walden Way	Milford	MA	01757

Secretary Name	Street Address	City	State	Zip
Brenda Doddio	91 Beechcrest Street	Warwick	RI	02888

Treasurer Name	Street Address	City	State	Zip
None				

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

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
Nonoe				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	None	None	None

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
Mark G. Itzkowitz	2-24-2021

Signature of Authorized Representative

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