RI SOS Filing Number: 202195657650 Date: 4/9/2021 11:51:00 AM

State of Rhode Island
**Department of State - Business Services Division**

**Annual Report for the year: 2019**
**Corporation**

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED STATE OF R.I. DEPT. OF STATE CORPORATIONS DIV. 2021 APR -9 AM 11:5

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 70841 | FRANK'S TAILOR SHOP INC | | |
| 3. Principal Office Address | City | State | Zip |
| 1455 MINERAL SPRING AVENUE | NORTH PROVIDENCE | RI | 02904 |
| 4. NAICS Code: 448190 | 6. Brief description of the character of business conducted in Rhode Island: TAILORING | | |
| 5. State of Incorporation: RHODE ISLAND | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: DANIEL WEIDINGER | | | Vice-President Name: DANIEL WEIDINGER | | |
| Street Address: 231 LEXINGTON AVENUE | | | Street Address: 231 LEXINGTON AVENUE | | |
| City: NORTH PROVIDENCE | State: RI | Zip: 02904 | City: NORTH PROVIDENCE | State: RI | Zip: 02904 |
| Secretary Name: DANIEL WEIDINGER | | | Treasurer Name: DANIEL WEIDINGER | | |
| Street Address: 231 LEXINGTON AVENUE | | | Street Address: 231 LEXINGTON AVENUE | | |
| City: NORTH PROVIDENCE | State: RI | Zip: 02904 | City: NORTH PROVIDENCE | State: RI | Zip: 02904 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: DANIEL WEIDINGER | | | Director Name: | | |
| Street Address: 231 LEXINGTON AVENUE | | | Street Address: | | |
| City: NORTH PROVIDENCE | State: RI | Zip: 02904 | City: | State: | Zip: |
| Director Name: | | | Director Name: | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |

9. Shares Authorized

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| NONE | | 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: Daniel Weidinger — Date: 4/6/21

Signature of Authorized Representative

FILEDFILED

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

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FORM 630 - Revised: 08/2020