



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.

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STATE
DEPT. OF STATE
BUS. SVCS
2021 APR -9 AM 11:52

1. Entity ID Number 70841		2. Exact name of the Corporation FRANK'S TAILOR SHOP INC			
3. Principal Office Address 1455 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

APR 09 2021

BY **ZQSVY**

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FORM 630 - Revised: 08/2020