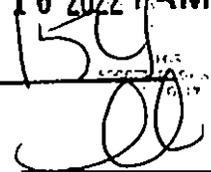




State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2022
 Corporation _____

MAR 16 2022 TAMP
 BY 1159


- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 70841		2. Exact name of the Corporation FRANK'S TAILOR SHOP	
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 <input type="checkbox"/>			
President Name DANIEL WEIDINGER		Vice-President Name DANIEL WEIDINGER	
Street Address 231 LEXINGTON AVENUE		Street Address 231 LEXINGTON AVENUE	
City NORTH PROVIDENC	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 PROVIDENC
			State RI
			Zip 02904

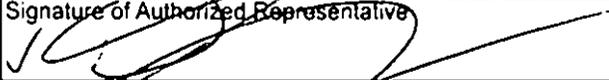
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name DANIEL WEIDINGER		Director Name	
Street Address 231 LEXINGTON AVENUE		Street Address	
City NORTH PROVIDENC	State RI	Zip 02904	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip

9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		NONE	
		PAR VALUE	

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 3/10/22
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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