



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 31 2023

STAMP

FOR

1. Entity ID Number 000011051		2. Exact name of the Corporation Toscano's Men's Shop, Inc.												
3. Principal Office Address 9 Canal Street			City Westerly	State RI	Zip 02891									
4. NAICS Code 448110		6. Brief description of the character of business conducted in Rhode Island Men's clothing store												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 <input type="checkbox"/>														
Director Name Paul Gencarella			Director 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									
Director Name None			Director Name None											
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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	250	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
250	Common	No 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 Paul Gencarella				Date 3/29/2023										
Signature of Authorized Representative 														