RI SOS Filing Number: 202445994090 Date: 2/5/2024 4:00:00 PM

State of Rhode Islan	d							
Department of St		ss Services I	Division		, () 6.25 e			
Annual Report for the year: 2024								
Corporation FEB 0.5 2024								
→ Filing period: February 1 - May 1				(-	1-27			
→ Filing Fee: \$50.00								
Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number 19214	2. Exact name of the Corporation YORKER SHOES, INC.						/	
3. Principal Office Address 1503 Hartford Avenue			1 '	City Johnston			Zip 02919-000	
							02919-000	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island retail shoe sales							
424340	tean suit saits							
5. State of Incorporation	oration							
RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Richard D. Tammaro, Jr.			Vice-President Name Lorraine E. Tammaro					
Street Address 1503 Hartford Avenue			Street Address 1503 Hartford Avenue					
City Johnston	State RI	Zip 02919-	City Johnst	on	State R1		Zip 02919-	
Secretary Name Lorraine E. Tammaro		Treasurer Name Richard D. Tammaro, Jr.						
Street Address				Street Address				
1503 Hartford Avenue				1503 Hartford Avenue				
City Johnston	State RI	Zip 02919-	City Johnston		State RI		Zip 02919-	
List ALL directors (names and a Director Name	ddresses)		Director Na	Check the box	x to indica	ite an att	achment 🗆	
Richard D. Tammaro, Jr.				Lorraine E. Tammaro				
Street Address 1503 Hartford Avenue				Street Address 1503 Hartford Avenue				
City Johnston	State RI	Z _{IP} 02919-	City Johnston		State RI		Zip 02919-	
Director Name				Director Name				
none Street Address				none Street Address				
none	none City State Zip							
City none	State none	Z _{IP} none	City none			State none		
9. Shares Authorized			10101010100		k the box to indicate an attachment			
This Information is currently of record in the Department of State.			SHARES	CLASS/SERIES		PAR VALUE		
·		100		Common		No Par		
Changes require an additional filing.						ŀ		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver or trustee, this report must	be executed on b	ehalf of the corpor	ration by the r	eceiver 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				
Richard D. Tammaro, Jr.	Preside	President			January 2, 2024			
Signature) of Authorized Representative								
T. Was January								

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov