



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

Corporation

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

FILED

FEB 05 2024

EX

1. Entity ID Number 19214		2. Exact name of the Corporation YORKER SHOES, INC.			
3. Principal Office Address 1503 Hartford Avenue		City Johnston		State RI	Zip 02919-0000
4. NAICS Code 424340		6. Brief description of the character of business conducted in Rhode Island retail shoe sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Johnston	State RI	Zip 02919-
Secretary Name Lorraine E. Tammaro			Treasurer Name Richard D. Tammaro, Jr.		
Street Address 1503 Hartford Avenue			Street Address 1503 Hartford Avenue		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard D. Tammaro, Jr.			Director Name Lorraine E. Tammaro		
Street Address 1503 Hartford Avenue			Street Address 1503 Hartford Avenue		
City Johnston	State RI	Zip 02919-	City Johnston	State RI	Zip 02919-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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		
			PAR VALUE		
			100	Common	No Par
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 Richard D. Tammaro, Jr. President				Date January 2, 2024	
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

FORM 630- Revised: 04/2023