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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.

1. Entity ID Number	2. Exact name of the Corporation		
144609	Carl Anthony Tuxedo Inc.		
3. Principal Office Address	City	State	Zip
1460 Park Avenue	Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
424320	Rental and sale of Tuxedos, suits, clothing and accessories		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Daniel Harris			Vice-President Name: Daniel Harris		
Street Address: 1460 Park Avenue			Street Address: 1460 Park Avenue		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Daniel Harris			Treasurer Name: Daniel Harris		
Street Address: 1460 Park Avenue			Street Address: 1460 Park Avenue		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Daniel Harris			Director Name		
Street Address: 1460 Park Avenue			Street Address		
City: Cranston	State: RI	Zip: 02920	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	None
Changes require an additional filing.			

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	Date
Daniel Harris	4/18/24
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

FILED
APR 18 2024
BY ML 7777

FORM 630- Revised 12/2023