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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 <b>000101586</b>		2. Exact name of the Corporation <b>Toots Zynsky, Inc.</b>			
3. Principal Office Address <b>31 Elbow Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>711510</b>		6. Brief description of the character of business conducted in Rhode Island <b>artist and art sales</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>M.A. Toots Zynsky</b>			Vice-President Name <b>M.A. Toots Zynsky</b>		
Street Address <b>216 Olney Street</b>			Street Address <b>216 Olney Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>M.A. Toots Zynsky</b>			Treasurer Name <b>Diau P.Z. Hall</b>		
Street Address <b>216 Olney Street</b>			Street Address <b>116 Orange Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>M.A. Toots Zynsky</b>			Director Name		
Street Address <b>216 Olney Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Director Name			Director Name		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		CLASS/SERIES
			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. <b>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.</b>					
Name of Authorized Representative <b>M.A. Toots Zynsky</b> <i>[Signature]</i>					Date <b>5/07/2024</b>
Signature of Authorized Representative <i>[Signature]</i>					

**FILED**

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**MAY 29 2024**

BY **3442**

*[Signature]*

FORM 630- Revised 12/2023