




State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2022

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 97349		2. Exact name of the Corporation Our Place-Shop For Men, Inc.			
3. Principal Office Address 2044 Smith Street			City North Providence	State RI	Zip 02911
4. NAICS Code 453310		6. Brief description of the character of business conducted in Rhode Island Sales and rental, retail and wholesale of clothing and accessories.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victor Russo			Vice-President Name John Hopkins		
Street Address 2044 Smith Street			Street Address 2044 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Victor Russo			Treasurer Name Victor Russo		
Street Address 2044 Smith Street			Street Address 2044 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		200		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 Eric Drouin					Date 9/30/24
Signature of Authorized Representative 					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

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