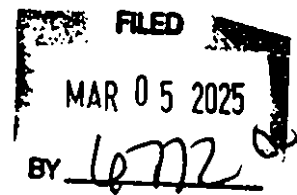




State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025  
Corporation

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000010683</b>		2. Exact name of the Corporation <b>TOLLGATE FLORIST, INC</b>	
3. Principal Office Address <b>89 GLENWOOD DRIVE</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02889</b>	
4. NAICS Code <b>453110</b>	6. Brief description of the character of business conducted in Rhode Island <b>RETAIL FLORIST</b>		
5. State of Incorporation <b>RI</b>	BUSINESS IS INACTIVE		
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>FRANK A. NERI</b>		Vice-President Name <b>FRANK A. NERI</b>	
Street Address <b>89 GLENWOOD DRIVE</b>		Street Address <b>89 GLENWOOD DRIVE</b>	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>
			State <b>RI</b>
			Zip <b>02889</b>
Secretary Name <b>FRANK A. NERI</b>		Treasurer Name	
Street Address <b>SAME AS ABOVE</b>		Street Address	
City	State	Zip	City
			State
			Zip
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>FRANK A. NERI</b>		Director Name	
Street Address <b>89 GLENWOOD DRIVE</b>		Street Address	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</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. <b>100</b>		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>CNP</b>
			PAR VALUE <b>0</b>
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>FRANK A. NERI</b>		Date <b>2-23-25</b>	
Signature of Authorized Representative <i>Frank A. Neri</i>			