



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by
law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 35896	2. Name of Corporation Nys Flowers, Inc.
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Street Address Principal Business Office 508 Diamond Hill Road	City Woonsocket	State RI.	Zip 02895
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Business Phone No. (401) 769-5894	5. State of Incorporation Rhode Island
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Brief Description of the Character of Business Conducted in Rhode Island
To Own, Lease & Operate A General Merchandise Business

NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Ernest Picard	Vice President Name Eileen Faford
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Street Address 125 Manila Avenue	Street Address 291 Lucille Avenue
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City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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Secretary Name Eileen Faford	Treasurer Name Ernest Picard
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Street Address 291 Lucille Avenue	Street Address 125 Manilla Avenue
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City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Ernest Picard	Director Name Eileen Faford
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Street Address 125 Manila Avenue	Street Address 291 Lucille Avenue
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City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI.	Zip 02895
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	No Par Value	100	Common	No Par Value
			THIS SECTION MUST BE COMPLETED		

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.

Signature: *Eileen Faford* Date: 1-22-08
Eileen Faford

Print or Type Name: Vice President

File Date: **FILED**
Check No.: **JAN 23 2008**
By: **12943**
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