



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# 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. <b>75964</b>		2. Name of Corporation <b>Floral Memories Inc.</b>			
3. Street Address Principal Business Office <b>1181 Post Rd.</b>			City <b>Warwick</b>	State <b>R.I.</b>	Zip <b>02888</b>
4. Business Phone No. <b>401-781-1550</b>		5. State of Incorporation <b>R.I.</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Retail Florist and Balloon shop</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Thomas M. Reo</b>			Vice President Name <b>Lisa R. DiSalvia</b>		
Street Address <b>948 Hill Farm Rd.</b>			Street Address <b>948 Hill Farm Rd</b>		
City <b>Coventry</b>	State <b>R.I.</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>R.I.</b>	Zip <b>02816</b>
Secretary Name <b>Frank J Tillinghast IV</b>			Treasurer Name <b>James M. Tillinghast</b>		
Street Address <b>17 Blossom Court</b>			Street Address <b>9261 Deercross Phwy Apt 3-D</b>		
City <b>Warwick</b>	State <b>R.I.</b>	Zip <b>02886</b>	City <b>Blue Ash</b>	State <b>OH</b>	Zip <b>45236</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1000</b>	<b>None</b>	<b>None</b>	<b>1000</b>	<b>None</b>	<b>None</b>

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.

File Date <b>FILED</b>
Check No. <b>SEP 15 2008</b>
By <b>8496</b>
FOR SECRETARY OF STATE USE ONLY

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 **Thomas M. Reo** Date **9/5/08**  
Print or Type Name  
**President**  
Title