



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 2009

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. 114348		2. Name of Corporation Robin's Florists, Inc.		
3. Street Address Principal Business Office 10 Cedar Swamp Road		City Smithfield	State RI	Zip 02917
4. Business Phone No. 231-4310		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Florist and retail gift sales				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robin J. Rongione-Heim		Vice President Name None.		
Street Address 10 Cedar Swamp Road		Street Address		
City Smithfield	State RI	Zip 02917	City	State
Secretary Name Robin J. Rongione-Heim		Treasurer Name Robin J. Rongione-Heim		
Street Address 10 Cedar Swamp Road		Street Address 10 Cedar Swamp Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None.		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 1,000 No Par Value		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 100	Class/Series N/A	Par Value No Par Value

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.

FILED
File Date
Check No. JAN 05 2009
By: By 2356
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: *Robin J. Rongione-Heim* Date: **12/29/08**
 Print or Type Name: **Robin J. Rongione-Heim**
 Title: **President**