



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"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | |
| 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. | | 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.

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

Print or Type Name

President

Title

| | |
|---------------------------------|--------------------|
| FILED | |
| File Date | JAN 05 2009 |
| Check No. | 2356 |
| By | By |
| FOR SECRETARY OF STATE USE ONLY | |