



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. 112302 | | 2. Name of Corporation Flower Show Management Ltd. | | | |
| 3. Street Address Principal Business Office 130 Gano St. | | | City Providence | State RI | Zip 02906 |
| 4. Business Phone No. 401/272-0980 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To manage and own events, special shows. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Maury A. Ryan | | | Vice President Name | | |
| Street Address 600 Cole Farm Road, Unit A-2 | | | Street Address | | |
| City Warwick | State RI | Zip 02889 | City | State | Zip |
| Secretary Name Maury A. Ryan | | | Treasurer Name Maury A. Ryan | | |
| Street Address 600 Cole Farm Road, Unit A-2 | | | Street Address 600 Cole Farm Road, Unit A-2 | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Maury A. Ryan | | | Director Name | | |
| Street Address 600 Cole Farm Road, Unit A-2 | | | Street Address | | |
| City Warwick | State RI | Zip 02889 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 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 200 Shares | Class/Series none | Par Value No Par |
| | | | | | |

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: Maury Ryan Date: 2/2/09
Print or Type Name: Maury Ryan
Title: 918

File Date **FILED**
Check No. FEB 04 2009
By: 4916
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