

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St., Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 🏓 🛚 I	Filing Fee: \$50.00
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* In accordance with R.I.G.L. 7-1.2-1501(e), e	each corporation failing or refusi	ng to file its annual report within th	irty (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.	
I. Corporate ID No.	2. Name of Corporation					
3670	CAROUSEL OF	FLOWERS, INC.				
3. Street Address Principal Busine.	. Street Address Principal Business Office			State	Zip	
2719 PAWTUCKET AVE	NUE		EAST PROVIDENCE	RI	02914	
4. Business Phone No.		5. State of Incorporation		e y december ou commence and commence and an experience of the commence of the		
4014383622		RHODE ISLAND				
6. Brief Description of the Charac	ter of Business Conducted	l in Rhode Island	a makadarian an mataan mamaa ah makadarian an makada tagungaya veleya vyolo eyu yu yu yu dha dha makada tagungay in an		The concentration of the contration of the contr	
FLORIST						
7 NAMES AND ADDRESS	ES OF THE OFFICE	RS 78VY BOX FOR AFT	CHMENT) 🔲 FILL INSPACES	RPRALE I GINA A FTA 6	IMENTS	
President Name			Vice President Name		******	
COLLEEN DELSANTO			THOMAS DELSANTO			
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27 BECKER AVENUE			27 BECKER AVENUE			
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RIVERSIDE	RI	02915	RIVERSIDE	RI	02915	
Secretary Name	* * * * * * * * * * * * * *	** * * * * * * * * * * * *	Tréasurer Name	'* * * * * * * * * * * * * * * * * * *		
COLLEEN DELSANTO			THOMAS DELSANTO			
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27 BECKER AVENUE			27 BECKER AVENUE			
City	State	Zip	*City	State	Zip	
RIVERSIDE	RI	02915	RIVERSIDE	RI	02915	
8. NAMES AND ADDRESS)	ES OF THE DIRECT	ORS PX"BOX FOR AT	TACHMENT) 🗌 FILL IN SPACE	S BEFORE USING ATTA	CHMENTS 44	
Director Name			Director Name	THE RESIDENCE OF THE PARTY OF T		
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Director Name	*********		* Director Name			
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Street Address	**************************************	d hed to be a 1 hed to be a block on a bedard and an abeliad a benefit on a combinate or common common common	*Street Address	**************************************		
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City	State	Zip	*City	State	Zip 💺	
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9. SHARES AUTHORIZED	C'X" BOX FOR ATTAC	HMENTI 🗆	10. SHARES ISSUED ("X" BOX.	FOR ATTACHMENTS	Report Annual Control of Control	
		ISSUED SHARES				
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A CANADA MARIA			Recorded		·	
This report must be executed an behalf of the	corporation by an authorized ren	resentative. If the corporation is in t	the hands of a receiver or trustee, this report m	est be executed on behalf of the corne	Internation by the receiver or trustee	
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FOR SE	CRETARY	OF STAT	E 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.

College Deldonto 2-14-09

COLLEEN DELSANTO

Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/05