



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(c), 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. 3670		2. Name of Corporation CAROUSEL OF FLOWERS, INC.			
3. Street Address Principal Business Office 2719 PAWTUCKET AVENUE			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 4014383622		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island FLORIST					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name COLLEEN DELSANTO			Vice President Name THOMAS DELSANTO		
Street Address 27 BECKER AVENUE			Street Address 27 BECKER AVENUE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name COLLEEN DELSANTO			Treasurer Name THOMAS DELSANTO		
Street Address 27 BECKER AVENUE			Street Address 27 BECKER AVENUE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400	NO PAR VALUE		400	COMMON	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.



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3670 DBC 01/02/07 03:17:15 PM

File Date 2-17-09

Check No. 7859

By: MNC

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.

Colleen Delsanto 2-14-09
Signature of Officer Date

COLLEEN DELSANTO

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/05