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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.	2. Name of Corporation		
12845	Mt. Fuji Florist, Inc.		
3. Street Address Principal Business Office	City	State	Zip
182 Academy Avenue	Providence	RI	02908
4. Business Phone No.	5. State of Incorporation		
421-7065	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	City	State	Zip
Oronzo Vescera	Prov.	RI	02908
Street Address			
182 Academy Avenue			

Vice President Name	City	State	Zip
Oronzo Vescera	Prov.	RI	02908
Street Address			
182 Academy Avenue			

Secretary Name	City	State	Zip
Oronzo Vescera	Prov.	RI	02908
Street Address			
182 Academy Avenue			

Treasurer Name	City	State	Zip
Oronzo Vescera	Prov.	RI	02908
Street Address			
182 Academy Avenue			

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	City	State	Zip
NONE.			
Street Address			

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
Street Address			

9. SHARES AUTHORIZED
500 no par value

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
250	common	no par
THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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: Oronzo Vescera Date: 2/25/09

Oronzo Vescera
Print or Type Name

[redacted] President
Title

File Date	2-27-09
Check No.	11697
By:	MMC

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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