RI SOS Filing Number: 200950107790 Date: 08/25/2009 4:00 PM

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(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.	2. Name of Corporation
000123890	CARLONES FLORIST, INC.

3. Street Address Principal Business Office	City	State	Zip
16 DEXTER STREET	PORTSMOUTH	RI	02871

4. Business Phone No.	5. State of Incorporation
401-683-0304	RI

6. Brief Description of the Character of Business Conducted in Rhode Island
TO WON, LEASE AND OPERATE A GENERAL MERCHADISE BUSINESS OF BUYING AND SELLING ALL KINDS OF FLOWERS.

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

President Name	Vice President Name
CAROL CARLONE	CAROL CARLONE
Street Address: 16 DEXTER STEET	Street Address: 16 DEXTER STEET
City: PORTSMOUTH / State: RI / Zip: 02871	City: PORTSMOUTH / State: RI / Zip: 02871
Secretary Name: CAROL CARLONE	Treasurer Name: CAROL CARLONE
Street Address: 16 DEXTER STEET	Street Address: 16 DEXTER STEET
City: PORTSMOUTH / State: RI / Zip: 02871	City: PORTSMOUTH / State: RI / Zip: 02871

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

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
1000	CNP	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.

[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.

Carol Carlone — 8/21/09
Signature — *Date*

CAROL CARLONE
Print or Type Name

[redacted] PRESIDENT
Title

File Date: FILED
Check No.
AUG 25 2009
By: By 38/3
FOR SECRETARY OF STATE USE ONLY
37579-1-405409

Form 630 Rev. 08/08