

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 2010

Filing Period: January 1 - March 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

3. Steet Address Principal Business Office 128 Cottage Street 4. Business Pome No. 401-475-8100 5. State of Incorporation Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING President Name Christine McCaffery 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING President Name Christine McCaffery 8. State Christine McCaffery 8. State RI 02860 City State Christine McCaffery 8. State RI 02860 City State RI 02860 City State RI 02860 City State RI NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING Christine McCaffery 8. State Christine McCaffe	02860
A Business Phone No. 4.01-475-8100 S. State of Incorporation Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING President Name Christine McCaffery Street Address 128 Cottage Street 249 240 250 250 250 250 250 250 250	
Producing event floral designs 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING 7. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN	ATTACHMENTS
Christine McCaffery Christine McCaffery Christine McCaffery Christine McCaffery State RI Cap City Cap City Cap City Cap Cap City Cap Cap Cap Cap Cap Cap Cap Ca	ATTACHMENTS
Christine McCaffery Christine McCaffery Christine McCaffery Christine McCaffery State RI Cap City Cap City Cap City Cap Cap City Cap Cap Cap Cap Cap Cap Cap Ca	ATTACHMEN 15
Street Address Stre	
State Street Address Street State Street Address State Stat	
Pawtucket RI 02860 Pawtucket RI ceretary Name Christine McCaffery Treasurer Name Christine McCaffery State RI 02860 City Pawtucket RI 02860 Pawtucket Ri NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING Pawtucket Treasurer Name Christine McCaffery Treasurer Name Treasurer Name State State Ri 02860 City State City State Treasurer Name State State Ri 02860 City State Street Address	
Christine McCaffery Treasurer Name Christine McCaffery Treasurer Name Christine McCaffery State T28 Cottage Street T29 D2860 Pawtucket Ri NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING Pawtucket Pawtucket Table Pawtucket Ri Director Name Street Address	^{Ζφ} 02860
28 Cottage Street	***************************************
Address 240 240 240 240 240 240 240 240 240 24	
AMMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING Director Name Director Name	^{Zip} 02860
28 Cottage Street ity State Zip City State Pawtucket RI 02860 irector Name Director Name State Zip City State Director Name Street Address Street Address Street Address	G ATTACHMENTS
Pawtucket RI 02860 State State Director Name Street Address Street Address Street Address Street Address	
Tawtucket RI 02860 irrector Name Director Name Street Address ity State Zip City State SHAPES ALTEROPLETOR	Zip
Treet Address Street Address Street Address Ty State Ztp City State	7.40
Street Address State Zip City State SHAPES AUTHORYTED	
SHAPES AUTHORIZED	
SHARES AUTHORIZED	Ζip
10. SHARES ISSUED ("X" BOX FOR ATTACH. ISSUED SHARES — THIS SECTION MUST BE COMPLETED	 IMENT)
his information is currently of record in the Office of the Secretary of Number of Sbares Class/Series	Par Value
tate. Changes require an additional filing. See Section 9 of 1000 Common	No Par
Ils report must be executed on behalf of the	
nis report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands is report must be executed on behalf of the corporation by the receiver or trustee.	of a receiver or true

Under penalty of perjury, I deelare 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 Christine McCaffery Print or Type Name **President** FOR SECRETARY OF STATE USE ONLY Title