

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stree

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

401.222.30

Filling Period: January 1 - March 1 • Filling 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 ubject to a penalty fee of \$25.00.

Providence, RI 02904-261 401.222,304

100320  Street Address Principal Busine		leasures, Limited			
53 Hope Street		City Providence	State RI	<sup>Zip</sup> 02906	
Business Phone No. 5. State of Incorporation (401) 274-6546 Rhode Island			——————————————————————————————————————		02000
Brief Description of the Charac Retail preparation and	sale of floral dec	orations; import, export and	sale of gift items of all ki	nds	
. NAMES AND ADDRESS resident Name	ES OF THE OFF	ICERS: ("X" BOX FOR ATTA	<i>CHMENT)</i> [] FILL IN	SPACES BEFORE USING	ATTACHMENTS
Michael Zajdek			Vice President Name		
rect Address			Denise Zajdek		
514 Providence Street			Street Address 514 Providence Street		
West Warwick	State RI	<sup>Zip</sup> 02893	City West Warwick	State RI	<sup>Zip</sup> 02893
Denise Zajdek			Treasurer Name Michael Zajdek		
treet Address 514 Providence Street			Street Address 514 Providence Street		
(y West Warwick	State <b>RI</b>	<sup>Zip</sup> 02893	City West Warwick	State RI	<i>Ζψ</i> 02893
NAMES AND ADDRESS	ES OF THE DIRE	ECTORS: ("X" BOX FOR AT		'`' N SPACES BEFORE LISIN	G ATTACHMENTS
No Directors			Director Name		O ALL AND ALL
eet Address			Street Address		
t) <sup>,</sup>	State	Zip	City	State	Zip
rector Name			Director Name		
reet Address			Street Address		
r	State	Zip	Сиу	State	Zip
SHARES AUTHORIZED		Ī		 <i>("X" BOX FOR ATTAC!</i> CTION <u>MUST</u> BE COMPLETED	
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.			Number of Shares	Class/Series	Par Value
			8,000	Common	No Par Valu
			-		
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Under penalty of perjury, I declare including any accompanying sched contained herein are true and companying scheduling are true are true and companying scheduling are true are	ules and sta	hat I have exar	nined this report	
Signature	- A	Date	<del>-/-//</del>	
Michael Zajdek	•		•	
Print or Type Name	·		-	
President				
Title				
		Form 630 Rev. 08/08		