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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of Sta*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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
104051	SAKONNET GARDEN CENTER, INC.

3. Street Address Principal Business Office	City	State	Zip
48 LONG HIGHWAY	LITTLE COMPTON	RI	02837

4. Business Phone No.	5. State of Incorporation
(401) 635-9115	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
PLANTS, TREES, FLOWERS, SCHRUBS, AND NURSERY, GARDEN OR AGRICULTURAL PRODUCTS

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

President Name	Street Address	City	State	Zip
JOSEPH MELLO	48 LONG HIGHWAY	LITTLE COMPTON	RI	02837

Vice President Name	Street Address	City	State	Zip
JOSEPH MELLO	48 LONG HIGHWAY	LITTLE COMPTON	RI	02837

Secretary Name	Street Address	City	State	Zip
JOSEPH MELLO	48 LONG HIGHWAY	LITTLE COMPTON	RI	02837

Treasurer Name	Street Address	City	State	Zip
JOSEPH MELLO	48 LONG HIGHWAY	LITTLE COMPTON	RI	02837

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

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED
1000 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
200	COMMON	NONE

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 repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Joseph Mello 2-27-11
Signature Date

JOSEPH MELLO
Print or Type Name

[redacted] PRESIDENT
Title

FILED
File Date
MAR 0 2 2011
Check No.
By: 18607
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