



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 02904-2611
401.222.3044

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 104051 2. Name of Corporation SAKONNET GARDEN CENTER, INC.

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

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

6. Brief Description of the Character of Business Conducted in Rhode Island PLANTS, TREES, FLOWERS, SHRUBS, 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 JOSEPH MELLO Vice President Name JOSEPH MELLO

Street Address 48 LONG HIGHWAY Street Address 48 LONG HIGHWAY

City LITTLE COMPTON State RI Zip 02837 City LITTLE COMPTON State RI Zip 02837

Secretary Name JOSEPH MELLO Treasurer Name JOSEPH MELLO

Street Address 48 LONG HIGHWAY Street Address 48 LONG HIGHWAY

City LITTLE COMPTON State RI Zip 02837 City LITTLE COMPTON State RI Zip 02837

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 City State State Zip Zip

Director Name Director Name

Street Address Street Address

City City State State Zip 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.

FILED
File Date MAR 02 2011
Check No. 18607
By: 18607
FOR SECRETARY OF STATE USE ONLY

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 Date 2-24-11

JOSEPH MELLO

Print or Type Name

PRESIDENT

Title