



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 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. 12957		2. Name of Corporation UNCLE MATTY'S TROPICAL GARDEN'S, INC.	
3. Street Address Principal Business Office 62 Taunton Avenue		City East Providence	State RI
4. Business Phone No. (401) 4342235		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF PLANTS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name MARTIN R. SIRAVO		Vice President Name MARTIN R. SIRAVO	
Street Address P.O. BOX 451		Street Address P.O. BOX 451	
City NEWPORT	State RI	City NEWPORT	State RI
Zip 02840		Zip 02840	
Secretary Name MARTIN R. SIRAVO		Treasurer Name MARTIN R. SIRAVO	
Street Address P.O. BOX 451		Street Address P.O. BOX 451	
City NEWPORT	State RI	City NEWPORT	State RI
Zip 02840		Zip 02840	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name MARTIN R. SIRAVO		Director Name MARTIN R. SIRAVO	
Street Address P.O. BOX 451		Street Address P.O. BOX 451	
City NEWPORT	State RI	City NEWPORT	State RI
Zip 02840		Zip 02840	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 500		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 500	Class/Series COMMON
			Par Value NO PAR

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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 21 2011**

Check No. **AD140493**

By: **[Signature]**

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 **[Signature]** Date **3/14/11**

MARTIN R. SIRAVO
Print or Type Name
President
Title