



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

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 12845		2. Name of Corporation Mt. Fuji Florist, Inc.			
3. Street Address Principal Business Office 182 Academy Avenue			City Providence	State RI	Zip 02908
4. Business Phone No. 401-421-7065		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Florist					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Oronzo Vescera			Vice President Name Oronzo Vescera		
Street Address 182 Academy Avenue			Street Address 182 Academy Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Oronzo Vescera			Treasurer Name Oronzo Vescera		
Street Address 182 Academy Avenue			Street Address 182 Academy Ave3nue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE.			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
500			Number of Shares	Class/Series	Par Value
			250	common	no par
THIS SECTION MUST BE COMPLETED					

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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.

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FEB 22 2012

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.

File Date: _____ BY: Oronzo Vescera
 Check No.: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

Signature: Oronzo Vescera Date: 2/22/12
 Oronzo Vescera
 Print or Type Name
 President
 Title