



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000142902</u>		2. Exact name of the Corporation <u>Blossoms Design Boutique INC</u>			
3. Principal office address <u>160 Smithfield Ave</u>		City <u>Provt.</u>	State <u>RI</u>	Zip <u>02860</u>	
4. Business Phone No. <u>724-2123</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Flower shop + Floral Designs</u>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input checked="" type="checkbox"/>					
President Name <u>Leish GASPAR</u>			Vice-President Name <u>James GASPAR</u>		
Street Address <u>79 Hawthorne Place</u>			Street Address <u>79 Hawthorne PL</u>		
City <u>N. Prov</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>N. Prov.</u>	State <u>RI</u>	Zip <u>02904</u>
Secretary Name <u>James GASPAR</u>			Treasurer Name <u>Leish GASPAR</u>		
Street Address <u>79 Hawthorne PL</u>			Street Address <u>79 Hawthorne PL</u>		
City <u>N. Prov.</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>N. Prov.</u>	State <u>RI</u>	Zip <u>02904</u>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <u>Leish GASPAR</u>			Director Name		
Street Address <u>79 Hawthorne Pl</u>			Street Address		
City <u>N. Prov.</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input checked="" 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.					
NUMBER OF SHARES <u>500</u>		CLASS/SERIES <u>Common</u>		PAR VALUE <u>1.00</u>	

2012 MAR 27 PM 11:12  
 SECRETARY OF STATE  
 CORPORATION DIVISION

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_  
**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.

**FILED**

MAR 27 2012

James S. Gaspar 3-27-12  
 Signature of Authorized Representative Date

James S. GASPAR  
 Print or Type Name of Authorized Representative

By WJ 349  
DS