



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 2013

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. 747710		2. Exact name of the Corporation The Flower Shoppe, Inc.			
3. Principal office address One Hanover Street			City PAWTUCKET	State RI	Zip 02861
4. Business Phone No. (401) 439-1792		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Flower shop retail sales					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name KAYLA M. Imbraccio			Vice-President Name KAYLA M. Imbraccio		
Street Address 121 Brookdale Ave.			Street Address SAME		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name KAYLA M. Imbraccio			Treasurer Name KAYLA M. Imbraccio		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			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.					
		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No. PAR	

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

FILED

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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.

KAYLA M. IMBRACCIO
 Signature of Authorized Representative Date
KAYLA M. IMBRACCIO, President
 Print or Type Name of Authorized Representative