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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 2014

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.	2. Exact name of the Corporation
12845	Mt. Fuji Florist, Inc.

3. Principal office address	City	State	Zip
182 Academy Avenue	Providence	RI	02908

4. Business Phone No.	5. State of Incorporation
401-421-7065	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Florist

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Oronzo Vescera	182 Academy Avenue	Providence	RI	02908

Vice-President Name	Street Address	City	State	Zip
Oronzo Vescera	182 Academy Avenue	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
Oronzo Vescera	182 Academy Avenue	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
Oronzo Vescera	182 Academy Avenue	Providence	RI	02908

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
NONE.				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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SECRETARY OF STATE
CORPORATIONS DIV
2014 APR -2 AM 10: 08

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	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.	250	common	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.

FILED
APR 0 2 2014
BY

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

13078

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.

Oronzo Vescera
Signature of Authorized Representative — Date 4/1/14

Oronzo Vescera, Secretary
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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