

**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			
11747710	The Flower Shoppe Inc			
3. Principal office address	City	State	Zip	
1 Hanover Ave	Pawtucket	RI	02861	
4. Business Phone No.	5. State of Incorporation			
401-722-4049	RI			
6. Brief description of the character of business conducted in Rhode Island				
Florist				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name	Vice-President Name			
Katia M. Imbrascio				
Street Address	Street Address			
28 Ruth St.				
City	State	Zip	City	
Pawtucket	RI	02861		
Secretary Name	Treasurer Name			
Street Address	Street Address			
City	State	Zip	City	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name	Director Name			
Street Address	Street Address			
City	State	Zip	City	
Director Name	Director Name			
Street Address	Street Address			
City	State	Zip	City	
9. SHARES AUTHORIZED				
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	CLASS/SERIES	PAR VALUE
		100	Common	\$0.00

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 _____

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.

Check No _____

FILED

7-3-14

By: _____

Signature of Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

JUL 08 2014

Print or Type Name of Authorized Representative

BY Katia M. Imbrascio

12:09