



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 **2015**

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. 61027		2. Exact name of the Corporation Fluers, Inc.			
3. Principal office address 161 New London Turnpike		City Wyoming		State RI	Zip 02898
4. Business Phone No. 401-539-7941		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Floral & garden design, & consulting					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Shirley B. Beuth			Vice-President Name Joseph H. Beuth, III		
Street Address 161 New London Turnpike			Street Address 161 New London Turnpike		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
Secretary Name Shirley B. Beuth			Treasurer Name Shirley B. Beuth		
Street Address 161 New London Turnpike			Street Address 161 New London Turnpike		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Shirley B. Beuth			Director Name Joseph H. Beuth, III		
Street Address 161 New London Turnpike			Street Address 161 New London Turnpike		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
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	CLASS/SERIES	PAR VALUE
			120	Common	None

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.

Shirley B. Beuth
 Signature of Authorized Representative

1/13/2015
 Date

Shirley B. Beuth

Print or Type Name of Authorized Representative