



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. 11861		2. Exact name of the Corporation Park Square Florist, Inc.			
3. Principal office address 1300 Park Square		City Woonsocket	State RI	Zip 02895	
4. Business Phone No. (401) 766-2232		5. State of Incorporation 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 Roy R. Warhol			Vice-President Name Roy R. Warhol		
Street Address 354 Alysworth Avenue			Street Address 354 Alysworth Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Roy R. Warhol			Treasurer Name Roy R. Warhol		
Street Address 354 Alysworth Avenue			Street Address 354 Alysworth Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Roy R. Warhol			Director Name None		
Street Address 354 Alysworth Avenue			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 Shares	Common	No Par Value

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

Form No. 630
Revised: 01/2012

FILED

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BY M 243516

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.

Signature of Authorized Representative

Date

Roy R. Warhol

Print or Type Name of Authorized Representative