



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 114749		2. Exact name of the Corporation Flower Power, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Beautification of town along main traffic route and shopping areas.			
5. Principal office address P.O. Box 205		City Barrington	State RI	Zip 02806	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sally Phillips		Vice-President Name Jean MacIntyre			
Street Address 11 Madison Circle		Street Address 35 Hawthorne Avenue			
City Rehoboth	State MA	Zip 02769	City Barrington	State RI	Zip 02806
Secretary Name Julia Califano		Treasurer Name Sarah Denby			
Street Address 151 Mathewson Road		Street Address Nayatt Road			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Karen Waterman		Director Name Mary Lee			
Street Address 17 Ronald Road		Street Address 22 Surrey Road			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Kim Anderson		Director Name Sue Axelrod			
Street Address Adams Point Road		Street Address 8 Sachem Road			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. REGISTERED AGENT IN RHODE ISLAND <u>KIM ANDERSON, ADAMS POINT RD BARRINGTON, RI 02806</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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 2015 JUL 20 AM 9:41
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This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
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FILED
 JUL 20 2015
 By 2530710
A.A. 9:42 A.M.

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 Officer or Authorized Representative _____ Date 6/11/15

Kim Anderson, Director
 Print or Type Name of Officer or Authorized Representative