

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 270260	FLORAL	2. Exact name of the limited liability company FLORAL DEVELOPMENT, LLC						
3. State of Formation	4. Brief desc To engag	4. Brief description of the character of business conducted in Rhode Island To engage in any business permitted LLC's under the Act.						
5. Principal office address 23 RIMWOOD DRIVE			City SMITHFIELD	State RI	Zip 02917			
Contact Name RALPH MANGIARE	LLI JR	ra njember i remeniment ur kalle en eine enlande	Contact Title MEMBER					
Street Address 23 RIMWOOD DRIVE			City SMITHFIELD	State RI	Zip 02917			
Manager Name RALPH MANGIARE		<u> </u>	Manager Name JOSEPH D. BRITO					
Street Address 23 RIMWOOD DRIV	E		Street Address 180 GRANDVIEW AVENUE					
City SMITHFIELD	State RI	Zip 02917	City WARWICK	State RI	^{Zip} 02886			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Santa factor and a second of the second of t	ntly of record in the		tary of State. Changes require	filing Form 642.				

FILED

SEP 2 1 2015

	by 369	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.		
		Ruff mayet p	9-15-18	
		Signature of Authorized Person	Date	
		RALPH MANGIARELLI JR		
		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012