



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 2016

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. <u>000142902</u>		2. Exact name of the Corporation <u>Blossoms Design Boutique INC</u>	
3. Principal office address <u>160 Smithfield Ave</u>		City <u>Providence</u>	State <u>RI</u>
4. Business Phone No.		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Flower shop - Floral Design</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Leish Gaspar</u>		Vice-President Name <u>James Gaspar</u>	
Street Address <u>77 Hawthorne Place</u>		Street Address <u>77 Hawthorne Place</u>	
City <u>N. Providence</u>	State <u>RI</u>	City <u>N. Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02904</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Leish Gaspar</u>		Director Name	
Street Address <u>77 Hawthorne Place</u>		Street Address	
City <u>N. Providence</u>	State <u>RI</u>	City	State
Zip <u>02904</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 <u>500</u>	CLASS/SERIES <u>Common</u>
		PAR VALUE <u>0.01</u>	

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CORPORATIONS DIV  
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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.

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

Print or Type Name of Authorized Representative

File Date

Check No.

By:

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FEB 26 2016

By

2108975  
H.A.

James S Gaspar JR 2-26-16  
James S Gaspar JR