



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. 87785		2. Exact name of the Corporation Flowers By Appointment, Inc.			
3. Principal office address 474 Thames Street, #2			City Bristol	State RI	Zip 02809
4. Business Phone No. 401-258-3821			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To provide consultation and all services relating to the design and set up of floral					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John W. Orton			Vice-President Name None		
Street Address 474 Thames Street, #2			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name John W. Orton			Treasurer Name John W. Orton		
Street Address 474 Thames Street, #2			Street Address 474 Thames Street, #2		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			2,000	common	\$.01

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 SECRETARY OF STATE
 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.

File Date _____
 Check No _____
 By: _____

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.

FILED
 FEB 29 2016
 Signature of Authorized Representative: *John W. Orton*
 Date: 1-10-16
 Print or Type Name of Authorized Representative: **John W. Orton**

FOR SECRETARY OF STATE USE ONLY
 Form No. 630
 Revised: 01/2012

BY *Ch 2016 8927*