



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. 97298		2. Exact name of the Corporation P.A.G. HOLIDAY STORES, INC.			
3. Principal office address 1441 Park Avenue		City Cranston	State RI	Zip 02920	
4. Business Phone No. 401-943-1800		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode island Retail sales, holiday shop, dealing in flowers, plants, etc., to sell at retail general merchandise and goods.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Donald B. Pagliarini			Vice-President Name Donald B. Pagliarini		
Street Address 102 Garden Street			Street Address 102 Garden Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Donald B. Pagliarini			Treasurer Name Donald B. Pagliarini		
Street Address 102 Garden Street			Street Address 102 Garden Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Donald B. Pagliarini			Director Name None		
Street Address 102 Garden Street			Street Address		
City Cranston	State RI	Zip 02910	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.					

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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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

Donald B. Pagliarini

Print or Type Name of Authorized Representative