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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.	2. Exact name of the Corporation			
33655	**ARROW FLORIST, INC.**			
3. Principal office address **757 Park Avenue**		City **Cranston**	State **RI**	Zip **02910**
4. Business Phone No. **401-785-1900**		5. State of Incorporation **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island **Wholesale foliage to sell to the general public.**				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name **Donald B. Pagliarini**			Vice-President Name **Donald B. Pagliarini**		
Street Address **757 Park Avenue**			Street Address **757 Park Avenue**		
City **Cranston**	State **RI**	Zip **02910**	City **Cranston**	State **RI**	Zip **02910**
Secretary Name **Donald B. Pagliarini**			Treasurer Name **Donald B. Pagliarini**		
Street Address **757 Park Avenue**			Street Address **757 Park Avenue**		
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 **757 Park Avenue**			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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Value

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.

Donald B Pagliarini 2-26-16
Signature of Authorized Representative Date

Donald B. Pagliarini
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 07 2016
1053

Form No. 630
Revised: 01/2012
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