



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

1. Entity ID Number 879053		2. Exact name of the Corporation MARILUZ FLOWERS INC.			
3. Principal Office Address 148 WEBSTER AVENUE		City PROVIDENCE		State RI	Zip 02909
4. Business Phone Number 401-490-0987		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island FLOWER SHOP					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIA L RODRIGUEZ		Vice-President Name <i>Leyla Miranda R.</i>			
Street Address 148 WEBSTER AVENUE		Street Address 148 WEBSTER AVENUE			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10000	CNP	0.0100	
11. 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.					
Name of Authorized Representative MARIA L. RODRIGUEZ				Date 08/02/2016	
Signature of Authorized Representative <div style="text-align: center;">(SIGNATURE HERE)</div>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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By 280431