State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000064413

2. Name of Corporation SHEMIN NURSERIES, INC.

3. Street Address Principal Business Office:

No. and Street: 300 COLONIAL CENTER PKWY STE. 600
City or Town: ROSWELL State: GA Zip: 30076 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

Wholesale Distributor of Horticultural goods and supplies.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STEFFAN R. BURNS	300 COLONIAL CENTER PKWY STE. 600 ROSWELL, GA 30076 USA
TREASURER	ROBERT L. CURLETT	300 COLONIAL CENTER PKWY STE. 600 ROSWELL, GA 30076 USA
SECRETARY	ROBERT L. CURLETT	300 COLONIAL CENTER PKWY STE. 600 ROSWELL, GA 30076 USA
DIRECTOR	DOUG BLACK	300 COLONIAL CENTER PKWY STE. 600 ROSWELL, GA 30076 USA
DIRECTOR	JON KERR	300 COLONIAL CENTER PKWY STE. 600

		ROSWELL, GA 30076 USA
DIRECTOR	JOHN GUTHRIE	300 COLONIAL CENTER PKWY STE. 600 ROSWELL, GA 30076 USA
DIRECTOR	TAYLOR KOCH	300 COLONIAL CENTER PKWY STE. 600 ROSWELL, GA 30076 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.0100	200,000.00	143254

9. 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.

Signed this 10 Day of August, 2016 at 5:20:13 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY LETTMANN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07