



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS. SERVICES DIV.

2017 JAN 25 PM 2:03

1. Entity ID Number 765662		2. Exact name of the Corporation SECRET GARDEN HERB FARM, INC.			
3. Principal Office Address 417 DOUGLAS PIKE		City SMITHFIELD		State RI	Zip 02917
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island MANUFACTURING OF LAWN AND GARDEN ORNAMENTS ALONG WITH WHOLESALE AND RETAIL SALES OF THE SAME.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MELANIE PARADIS			Vice-President Name PAUL PARADIS		
Street Address 177 SCOTT ROAD			Street Address 177 SCOTT ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name PAUL PARADIS			Treasurer Name MELANIE PARADIS		
Street Address 177 SCOTT ROAD			Street Address 177 SCOTT ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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
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	
3000		COMMON		NO PAR	
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 MELANIE PARADIS				Date 1/25/17	
Signature of Authorized Representative <i>Melanie Paradis</i>					

FILED

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

JAN 25 2017

BY

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FORM 630 - Revised: 10/2016