

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

- OF-				
Annual	Report for	r the year:	2017	

Corporation

Filing period: January 1 - March 1

44. NAICS Code 44.45 - Retail Trade 5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State of Incorporation Rhode Island To engage in the operation of garden products and supply business.  5. State Address Street Address 935 East Main Road  6. State Rl  7 Incorporation State Rl  7 Incorporation State Rl  7 Incorporation Rhode State Address Street Address State Address Street Addr		Chaves Gar	ne of the Corporation of the Corporate o						
To engage in the operation of garden products and supply business.  State of Incorporation Rhode Island  7. List ALL Officers (names and addresses)  Street Address  Street Address  935 East Main Road  City Middletown  State RI  Zip 02842  City State Zip 02843  Check the box to indicate an a control of the contro	3. Principal Office Address 935 East Main Road					1	Zip <b>02842</b>		
State of Incorporation Rhode Island  7. List ALL officers (names and addresses)  Tresident Name Barbara A. Chaves  Street Address  935 East Main Road  City Middletown  State RI  City Middletown  Street Address  Street Address  935 East Main Road  City Middletown  State RI  City Middletown  State RI  City Middletown  State RI  City Middletown  Street Address  Street Address  935 East Main Road  City Middletown  State RI  City Middletown  Check the box to indicate an a control of the box to indicate an a control of the control	e	6. Brief desc	ription of the chara	cter of business	conducted in Rhode I	sland			
Rhode Island 7. List ALL officers (names and addresses) Check the box to indicate an a specified Name Barbara A. Chaves  Street Address 935 East Main Road  City Middletown State RI  Zip 02842  City Middletown Street Address 935 East Main Road  Street Address 935 East Main Road  City Middletown State RI  Zip 02842  City Middletown Street Address 935 East Main Road  Street Address 935 East Main Road  City Middletown State RI  Zip 02842  City State Zip City S	l Trade	To engage	in the operation o	f garden produ	cts and supply busi	ness.			
Vice-President Name   Street Address   Street Address   Street Address   Street Address   Street Address   Street Address   State   Ri   Zip		]							
Street Address 935 East Main Road  State RI  Zip 02842  City Middletown  State RI  Zip 02842  Treasurer Name Joseph Chaves, Jr.  Street Address 935 East Main Road  City Middletown  State RI  Zip 02842  City State  Zip City	cers (names and ac	dresses)			Check	the box to	indicate an attachment		
State RI Zip O2842 City Middletown State RI Zip O2842 City Middletown State RI Zip Street Address 935 East Main Road  Street Address 935 East Main Road  Street Address 935 East Main Road  State RI Zip O2842 City Middletown State RI Zip O2842 City Middletown State RI Zip Check the box to indicate an a Director Name None  Street Address Street Address  Street Address Street Address  Street Address	President Name Barbara A. Chaves				Vice-President Name Ronald A. Chaves				
Treasurer Name Ronald A. Chaves  Treasurer Name Joseph Chaves, Jr.  Street Address  935 East Main Road  State RI  Zip 02842  City Middletown  State RI  Zip 02842  City Middletown  Check the box to indicate an addresses of the state Address  Street Address	Street Address 935 East Main Road				Street Address 935 East Main Road				
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State   Zip   O2842   City   Middletown   State   RI   Zip	Secretary Name Ronald A. Chaves								
B. List ALL directors (names and addresses)  Director Name  Street Address  Street Address  Street Address  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  Director Name  Director Name  Director Name  Director Name  Street Address  Street Address  Street Address  Street Address  City  State  Zip  City  State  Zip  D. Shares Authorized  10. Shares Issued  Check the box to indicate an a continuation is currently of record in the page of the continuation is currently of the continuation in the continuation is currently of the continuation in the continuation is currently of the continuation in the continuation is currently of the continuat	Street Address 935 East Main Road								
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Street Address  Street Address  Street Address  Street Address  Street Address  Director Name  Director Name  Street Address	ctors (names and a	ddresses)				the box to	indicate an attachment		
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1. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of	must be executed o	n behalf of the	corporation by an a	authorized repres	L. sentative. If the corpo	ration is in	the hands of a receiver		
ustee, this report must be executed on behalf of the corporation by the receiver or trustee.	oort must be execut	ed on behalf of	the corporation by	the receiver or tr	ustee.		·		
nder penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules at atements, and that all statements contained herein are true and correct.	r or perjury, i decia nd that all stateme	re ang aπirm τ nts contained	nat i nave examin herein are true an	ea τηις report, ι ld correct.	ncluding any accom	ipanying s	cnedules and		
ame of Authorized Representative FILEU Date					FILEY	Date			
arbara A. Chaves	ıaves			•			117/17		
gnature of Authorized Representative	thorized Represent	ative	•	•	JAN/2 7/20	)17 /	1		
2) ahm ( la SIGN DOCUMENT HERE, W/ ) - 21	May 11 lan		SIGN DOQ	UMENTHE	RE, WLA	C2			
AIL TO:	V/C		···	•	, 19	10	21		

**Division of Business Services** 

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Phone: (401) 222-3040 Website: www.sos.ri.gov

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