



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.

1. Entity ID Number 103158		2. Exact name of the Corporation Fontana's Flowers & Greenhouses, Incorporated			
3. Principal Office Address 1093 Diamond Hill Road			City Woonsocket	State RI	Zip 02895
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island The retail sale of plants and flowers.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel James Becker			Vice-President Name Daniel James Becker		
Street Address 327 Eddie Dowling Highway			Street Address 327 Eddie Dowling Highway		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Daniel James Becker			Treasurer Name Daniel James Becker		
Street Address 327 Eddie Dowling Highway			Street Address 327 Eddie Dowling Highway		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel James Becker			Director Name None		
Street Address 327 Eddie Dowling Highway			Street Address		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Director Name None			Director Name None		
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
			100		Common
					No Par Value
			PAR VALUE		
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 Daniel James Becker				Date 1/19/17	
Signature of Authorized Representative 					

ORIGINAL DOCUMENT FILED
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 27 2017
 By 52745
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