



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	PAR VALUE
			100		Common	No 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 							

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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