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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 · **This report must be typed or printed legibly.**
Filing Fee: $50.00 · **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
100320	small pleasures ltd.

3. Principal office address	City	State	Zip
163 exchange street	pawtucket	rhode island	02860

4. Business Phone No.	5. State of Incorporation
401 723 6545	RI

6. Brief description of the character of business conducted in Rhode Island
flower shop sale of floral decorations

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Michael A. Zajdek	514 Providence st.	West Warwick	RI	02893

Vice-President Name	Street Address	City	State	Zip
Denise M. Zajdek	514 Providence st.	West Warwick	ri	02893

Secretary Name	Street Address	City	State	Zip
Denise Zajdek	514 Providence st	West Warwick	RI	02893

Treasurer Name	Street Address	City	State	Zip
Michael Zajdek	514 Providence st	West Warwick	RI	02893

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
none				

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of Instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8,000.00	cnp	$0.0000

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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.

Michael A. Zajdek 2/6/17
Signature of Authorized Representative — Date

MICHAEL A. ZAJDEK
Print or Type Name of Authorized Representative

FILED
FEB 06 2017
BY 7496 DS

149004-8-1188069