



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 73563		2. Exact name of the Corporation A-Way Nurseries Inc.			
3. Principal Office Address 565 Joslin Rd.			City Harrisville	State R.I.	Zip 02830
4. NAICS Code 42		6. Brief description of the character of business conducted in Rhode Island Plant, nurture, Cultivate and growth-farming of trees and shrubs for wholesale trade			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arthur S. Armstrong			Vice-President Name Donna L. Armstrong		
Street Address 565 Joslin Rd.			Street Address 565 Joslin Rd.		
City Harrisville	State R.I.	Zip 02830	City Harrisville	State R.I.	Zip 02830
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arthur S. Armstrong			Director Name Donna L. Armstrong		
Street Address 565 Joslin Rd.			Street Address 565 Joslin Rd.		
City Harrisville	State R.I.	Zip 02830	City Harrisville	State R.I.	Zip 02830
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 1000 no par value This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	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 Arthur S. Armstrong				Date 2.9.2017	
Signature of Authorized Representative 					

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

FEB 10 2017

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