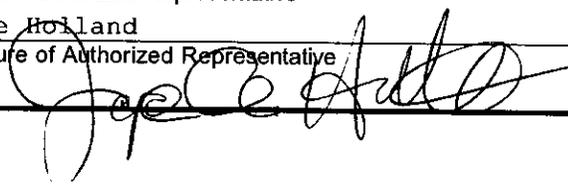


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 <u>20087186</u>		2. Exact name of the Corporation Stone Blossom, Inc.			
3. Principal Office Address 79 JOYCE STREET			City WARREN	State RI	Zip 02885
4. Business Phone Number 401-884-3220			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Florist					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joyce Holland			Vice-President Name		
Street Address 345 Thames Street, Unit 108 North			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joyce Holland			Director Name		
Street Address 345 Thames Street, Unit 108 North			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
9. Shares Authorized			10. Shares Issued Check 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		PAR VALUE
					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 Joyce Holland				Date JAN 13, 2017	
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

FILED
 FEB 15 2017
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