



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 90626		2. Exact name of the Corporation Woodlawn Gardens Florist, Inc.			
3. Principal Office Address 728 Pontiac Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island Florist and retail gift sales			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name David P. Sherman			Vice-President Name None.		
Street Address 178 Aqueduct Road			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name David P. Sherman			Treasurer Name David P. Sherman		
Street Address 178 Aqueduct Road			Street Address 178 Aqueduct Road		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None.			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		N/A	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.					
<b>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.</b>					
Name of Authorized Representative David P. Sherman, President				Date 2-15-17	
Signature of Authorized Representative 					

FEB 27 2017

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