



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 000035896		2. Exact name of the Corporation Nys Flowers, Inc.	
3. Principal Office Address 508 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 Retail flower shop		
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 Ernest Picard		Vice-President Name Eileen Faford	
Street Address 508 Diamond Hill Road		Street Address 508 Diamond Hill Road	
City Woonsocket	State RI	Zip 02895	City Woonsocket
			State RI
			Zip 02895
Secretary Name Eileen Faford		Treasurer Name Ernest Picard	
Street Address 508 Diamond Hill Road		Street Address 508 Diamond Hill Road	
City Woonsocket	State RI	Zip 02895	City Woonsocket
			State RI
			Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name none		Director Name none	
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		8,000	none
			none
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 Eileen Faford		Date 2/27/2017	
Signature of Authorized Representative <i>Eileen M. Faford</i>			

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
MAR 02 2017
BY 16411 DS

FORM 630 - Revised: 02/2017