State of Rhode Islan Department of			Division		· · · · · · · · · · · · · · · · · · ·		
Annual Report for the year: 2017 Corporation			-				
 → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25. 		not filed by April 1.					
1. Entity ID Number 000035896		Exact name of the Corporation Nys Flowers, Inc.					
Principal Office Address Diamond Hill Road			City Woonsoc	ket	State RI	Zip 02895	
4. NAICS Code 44-45 - Retail Trade 5. State of Incorporation Rhode Island	6. Brief des	cription of the chara	cter of business	conducted in Rhoo	de Island		
7. List ALL officers (names and President Name Ernest Picard	Check the box to indicate an attachment Vice-President Name Eileen Faford						
Street Address 508 Diamond Hi			Street Addre	ss 508 Diamond Hi	II 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 Hi	Street Address 508 Diamond Hill Road						
City Woonsocket	State RI	^{Zip} 02895	City Woonsocket		State RI	^{Zip} 02895	
8. List ALL directors (names an Director Name	d addresses)			Che	I ck the box to indi	cate an attachment	
none			Director Nam	e none	<u> </u>		
Street Address			Street Addres	s			
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Addres	s			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu	ıed	Char	k the house !- !		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	SHARES	Check the box to indicate an		PAR VALUE	
		8,000		none	n	one	

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

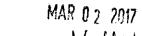
Signature of Authorized Representative

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 02/2017