



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					
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	
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 *Vice President + Secretary*
FORM 630 - Revised: 02/2017