



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 6620		2. Exact name of the Corporation The Flower Pot, Inc.	
3. Principal Office Address 360 East Avenue		City Warwick	State RI
		Zip 02886	
4. NAICS Code 44-45	6. Brief description of the character of business conducted in Rhode Island Flowers and Gifts		
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 Leslie N. Andreozzi		Vice-President Name Leslie N. Andreozzi	
Street Address 18 Herbert Street		Street Address 18 Herbert Street	
City Warwick	State RI	City Warwick	State RI
Zip 02818		Zip 02818	
Secretary Name Leslie N. Andreozzi		Treasurer Name Leslie N. Andreozzi	
Street Address 18 Herbert Street		Street Address 18 Herbert Street	
City Warwick	State RI	City Warwick	State RI
Zip 2818		Zip 02818	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Leslie N. Andreozzi		Director Name	
Street Address 18 Herbert Street		Street Address	
City Warwick	State RI	City	State
Zip 02818		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		100	common
			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 Leslie N. Andreozzi, President		Date 2/19/17	
Signature of Authorized Representative <i>Leslie N. Andreozzi</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

MAR 06 2017
8114 DS
BY