



State of R. 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 58699		2. Exact name of the Corporation C. Imondi & Son Florists, Inc.	
3. Principal Office Address 182 Smithfield Avenue		City Pawtucket	State RI
		Zip 02860	
4. NAICS Code 44-45	6. Brief description of the character of business conducted in Rhode Island Florist		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Pasquale Imondi		Vice-President Name Patricia D. Pascale	
Street Address 182 Smithfield Avenue		Street Address 182 Smithfield Avenue	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name Pasquale Imondi		Treasurer Name Kathleen V. Imondi	
Street Address 182 Smithfield Avenue		Street Address 182 Smithfield Avenue	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Pasquale Imondi		Director Name Kathleen V. Imondi	
Street Address 182 Smithfield Avenue		Street Address 182 Smithfield Avenue	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name Patricia D. Pascale		Director Name Ernest Pascale	
Street Address 182 Smithfield Avenue		Street Address 182 Smithfield Avenue	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
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 2000	CLASS/SERIES Common
		PAR VALUE 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. 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 Pasquale Imondi President		Date 1/10/17	
Signature of Authorized Representative <i>Pasquale Imondi, President</i>		<div style="text-align: center;"> FILED MAR 29 2017 5700 </div>	