



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 45056		2. Exact name of the Corporation Ricci Greenhouses, Inc.			
3. Principal Office Address 172 Simmonsville Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 11 - Agriculture, Forestry, Fi		6. Brief description of the character of business conducted in Rhode Island To own and operate greenhouses, and to grow and sell various assortments of flowers.			
5. State of Incorporation Rhode Island		115115			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony C. Ricci, Jr.			Vice-President Name Anthony C. Ricci, Jr.		
Street Address 172 Simmonsville Avenue			Street Address 172 Simmonsville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Anthony C. Ricci, Jr.			Treasurer Name Anthony C. Ricci, Jr.		
Street Address 172 Simmonsville Avenue			Street Address 172 Simmonsville Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anthony C. Ricci, Jr.			Director Name None		
Street Address 172 Simmonsville Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		CLASS/SERIES			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
400		Common		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 Anthony C. Ricci, Jr., President					Date 9-16-17
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

SEP 20 2017

FORM 630 - Revised: 10/2016