STAMP

**Limited Liability Company** 

Annual Report for the year: 2017

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.						
1. Entity 1D Number 1658760	2. Exact name of the Limited Liability Company P & J Florist, LLC					
3. NAICS Code 45310 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
6. Principal Office Address			City	Slate	Zip	
340 Warren Avenue			East Providence	RI	02914	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or Title				
Contact Name David Quadros			Contact Title Member			
Street Address 340 Warren Avenue			City East Providence	State RI	<sup>Zip</sup> 02914	
8. List ALL managers (names ar	nd addresses	i) of the Limited Liabil	lity Company, IF APPLICABLE	- DO NOT LIST A	WEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip .	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			С	heck the box to in	ndicate an attachment	
9. Resident Agent in Rhode Islan	nd. This inform	ation is currently of reco	ord with the Department of State. C	hanges require filin	ig Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ny accompanying	g schedules and	
Name of Authorized Person  David Quadros				Date	Date 9/2a/17	
Signature of Authorized Person	red Si	SIGN DO	UMEN 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