



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2018**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

1. Entity ID Number <b>17402</b>		2. Exact name of the Corporation <b>Perry's Nurseries, Inc.</b>			
3. Principal Office Address <b>500 Metacom Avenue</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
4. NAICS Code <b>561730</b>	6. Brief description of the character of business conducted in Rhode Island <b>Landscape, nursery services and sale of florist products.</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joseph A. Perry, Jr.</b>		Vice-President Name <b>Joan E. Perry</b>			
Street Address <b>106 Ferry Road</b>		Street Address <b>106 Ferry Road</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Joseph A. Perry, Jr.</b>		Treasurer Name <b>Joseph A. Perry, Jr.</b>			
Street Address <b>106 Ferry Road</b>		Street Address <b>106 Ferry Road</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Joseph A. Perry, Jr.</b>		Director Name			
Street Address <b>105 Ferry Road</b>		Street Address			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>300</b>		<b>Common</b>	<b>No Par</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Joseph A. Perry, Jr.</b> <i>Joseph A Perry</i>				Date <b>12-28-17</b>	
Signature of Authorized Representative				<b>FILED</b>	

SIGN DOCUMENT HERE

**FILED**

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

JAN 02 2018 *edh*  
 BY S905 FORM 630 - Revised: 10/2017