



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 143651 | | 2 Exact name of the Corporation Flowers By Christine, Inc. | | | |
| 3 Principal Office Address 568 Charles Street | | City Providence | | State RI | Zip 02904 |
| 4 NAICS Code 453110 | | 6 Brief description of the character of business conducted in Rhode Island The purchase and sale, at wholesale and retail, of flowers and related items. | | | |
| 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 Christine Ann Botelho | | | Vice-President Name | | |
| Street Address 2 Joyce Drive | | | Street Address | | |
| City North Providence | State RI | Zip 02911 | City | State | Zip |
| Secretary Name Christine Ann Botelho | | | Treasurer Name Christine Ann Botelho | | |
| Street Address 2 Joyce Drive | | | Street Address 2 Joyce Drive | | |
| City North Providence | State RI | Zip 02911 | City North Providence | State RI | Zip 02911 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| 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 Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | |
| | | | 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 Christine Ann Botelho, President | | | | | Date 1/24/18 |
| Signature of Authorized Representative <i>Christine Ann Botelho</i> 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

FILED

FEB 09 2018

FORM 630 - Revised: 10/2017

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