



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.

FILED

FEB 26 2018

BY

10888

1. Entity ID Number 32147		2. Exact name of the Corporation Sowams Nursery, Inc.			
3. Principal Office Address 82 Sowams Road			City Barrington	State RI	Zip 02806
4. NAICS Code 444220		6. Brief description of the character of business conducted in Rhode Island Any and all lawful business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph W. Silveira			Vice-President Name None		
Street Address 84 Sowams Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Maria A. Silveira			Treasurer Name Maria A. Silveira		
Street Address 84 Sowams Road			Street Address 84 Sowams Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph W. Silveira			Director Name Maria A. Silveira		
Street Address 84 Sowams Road			Street Address 84 Sowams Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 5000	CLASS/SERIES Common	PAR VALUE \$1.00 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 Joseph W. Silveira					Date 2-17-18
Signature of Authorized Representative <i>Joseph W. Silveira</i> SIGN DOCUMENT HERE					