



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

STAMP

→ 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 750261		2. Exact name of the Corporation QUIDNICK GREENHOUSES, INC.			
3. Principal Office Address 417 Washington Street			City Coventry	State RI	Zip 02816
4. NAICS Code 454390		6. Brief description of the character of business conducted in Rhode Island Engaging in the sale of flowers and floral arrangements.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory Iannotti			Vice-President Name Vacant		
Street Address 417 Washington Street			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Gregory Iannotti			Treasurer Name Gregory Iannotti		
Street Address 417 Washington Street			Street Address 417 Washington Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gregory Iannotti			Director Name		
Street Address 417 Washington Street			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 Gregory Iannotti					Date 3/6/18
Signature of Authorized Representative <i>Gregory E. Iannotti</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
MAR 12 2018
BY **2989 DS**