



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

Annual Report for the year: 2018
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 114749		2. Exact name of the Corporation FLOWER POWER, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island BARRINGTON BEAUTIFICATION PROJECT			
4. NAICS Code 813110					
6. Principal Office Address 120 ADAMS POINT ROAD		City BARRINGTON	State RI	Zip 02806	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name KIM ANDERSON		Vice-President Name			
Street Address 170 ADAMS POINT ROAD		Street Address			
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Secretary Name JULIA CALIFANO		Treasurer Name			
Street Address 151 MATTHEWSON ROAD		Street Address			
City BARRINGTON	State RI	Zip 02806	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JULIA CALIFANO		Director Name DEBORAH BARTON			
Street Address 151 MATTHEWSON ROAD		Street Address 14 ECHO DRIVE			
City BARRINGTON	State RI	Zip 02806	City BARRINGTON	State RI	Zip 02806
Director Name MEG CLEMENTS		Director Name			
Street Address PRESTON DRIVE		Street Address			
City BARRINGTON	State RI	Zip 02806	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative KIM ANDERSON				Date 7/19/18	
Signature of Officer/Authorized Representative <i>[Signature]</i>				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

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