



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 <u>114749</u> | | 2. Exact name of the Corporation <u>FLOWER POWER, Inc.</u> | | | |
| 3. State of Incorporation <u>RI</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>BARRINGTON BEAUTIFICATION PROJECT</u> | | | |
| 4. NAICS Code <u>813110</u> | | | | | |
| 6. Principal Office Address <u>120 ADAMS POINT ROAD</u> | | City <u>BARRINGTON</u> | State <u>RI</u> | Zip <u>02806</u> | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>KIM ANDERSON</u> | | | Vice-President Name | | |
| Street Address <u>170 ADAMS POINT ROAD</u> | | | Street Address | | |
| City <u>BARRINGTON</u> | State <u>RI</u> | Zip <u>02806</u> | City | State | Zip |
| Secretary Name <u>JULIA CALIFANO</u> | | | Treasurer Name | | |
| Street Address <u>151 MATTHEWSON ROAD</u> | | | Street Address | | |
| City <u>BARRINGTON</u> | State <u>RI</u> | Zip <u>02806</u> | 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 <u>JULIA CALIFANO</u> | | | Director Name <u>DEBORAH BARTON</u> | | |
| Street Address <u>151 MATTHEWSON ROAD</u> | | | Street Address <u>14 ECHO DRIVE</u> | | |
| City <u>BARRINGTON</u> | State <u>RI</u> | Zip <u>02806</u> | City <u>BARRINGTON</u> | State <u>RI</u> | Zip <u>02806</u> |
| Director Name <u>MEG CLEMENTS</u> | | | Director Name | | |
| Street Address <u>PRESTON DRIVE</u> | | | Street Address | | |
| City <u>BARRINGTON</u> | State <u>RI</u> | Zip <u>02806</u> | 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 <u>KIM ANDERSON</u> | | | | Date <u>7/19/18</u> | |
| Signature of Officer/Authorized Representative <u>[Signature]</u> | | | | 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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