



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2019
Corporation

DEC 31 2018

BY ACC 14365

→ 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 <u>20133</u>		2. Exact name of the Corporation <u>Pleasanties Flower Shop INC.</u>			
3. Principal Office Address <u>102 MAIN Street</u>		City <u>Wakefield</u>		State <u>RI</u>	Zip <u>02879</u>
4. NAICS Code <u>453110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Retail Florist</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Meredith Masson</u>		Vice-President Name <u>NONE</u>			
Street Address <u>90 Main Street</u>		Street Address			
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>NONE</u>		Director Name <u>NONE</u>			
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 <u>1000</u>		10. Shares Issued Check the box to indicate an attachment ☐			
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>100</u>	<u>1</u>	<u>NONE</u>	
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 <u>Meredith Masson</u>				Date <u>12-27-18</u>	
Signature of Authorized Representative <u>Meredith Masson</u>				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