



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

Annual Report for the year: 2019
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

JAN 07 2019

BY

18463

1. Entity ID Number 000117083		2. Exact name of the Corporation Portsmouth Nursery, Inc.			
3. Principal Office Address 1350 East Main Rd.			City Portsmouth	State RI	Zip 02871
4. NAICS Code 424930		6. Brief description of the character of business conducted in Rhode Island To own and operate a wholesale nursery business & to engage in the agricultural business of growing and selling nursery stock.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jean M. Cotta			Vice-President Name Steven Cotta		
Street Address 15 Terrace Dr.			Street Address 175 Briarwood Lane		
City Bristol	State RI	Zip 02809	City Portsmouth	State RI	Zip 02871
Secretary Name Steven Cotta			Treasurer Name Jean M. Cotta		
Street Address 175 Briarwood Lane			Street Address 15 Terrace Dr.		
City Portsmouth	State RI	Zip 02871	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N / A			Director Name		
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		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
		666.66		COMMON	NO PAR
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 Richard J. Cotta					Date Jan. 2, 2019
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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 Website: www.sos.n.gov