



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 08 2019

BY

1076
2019

1. Entity ID Number 114348		2. Exact name of the Corporation Robin's Florists, Inc.	
3. Principal Office Address 10 Cedar Swamp Road		City Smithfield	State RI
		Zip 02917	
4. NAICS Code 453110	6. Brief description of the character of business conducted in Rhode Island Florist and retail gift sales.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robin Rongione-Heim		Vice-President Name Robert Rongione	
Street Address 10 Cedar Swamp Road		Street Address 7 Ridge Road	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
Secretary Name Marie B. Rongione		Treasurer Name Robin Rongione-Heim	
Street Address 7 Ridge Road		Street Address 10 Cedar Swamp Road	
City Smithfield	State RI	City Smithfield	State RI
Zip 02917		Zip 02917	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None.		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES N/A
		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 Robin Rongione-Heim, President		Date 1/3/2019	
Signature of Authorized Representative <i>Robin Rongione-Heim</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

JAN 08 2019

FORM 630 - Revised: 10/2016