



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

STAMP

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

1. Entity ID Number 534272		2. Exact name of the Corporation Forest Hills Nurseries Corp.	
3. Principal Office Address 400 Aqueduct Road		City Cranston	State RI
		Zip 02910	
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island Operation of a nursery		
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 Alan M. Muoio		Vice-President Name David A. Muoio	
Street Address 400 Aqueduct Road		Street Address 400 Aqueduct Road	
City Cranston	State RI	Zip 02910	City Cranston
		State RI	Zip 02910
Secretary Name David A. Muoio		Treasurer Name Alan M. Muoio	
Street Address 400 Aqueduct Road		Street Address 400 Aqueduct Road	
City Cranston	State RI	Zip 02910	City Cranston
		State RI	Zip 02910
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	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
		200	Common
		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. <i>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.</i>			
Name of Authorized Representative Alan M. Muoio		Date 1/16/19	
Signature of Authorized Representative 		FILED	
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

FILED
 JAN 28 2019
 BY 20835 DS