



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

**FILED**

FEB 12 2019 *ov*

Annual Report for the year: **2019**  
 Corporation

BY Colson

- 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 <b>18362</b>		2. Exact name of the Corporation <b>Windy Hill Nurseries, Inc.</b>			
3. Principal Office Address <b>52 West Main Road</b>			City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
4. NAICS Code <b>561730</b>		6. Brief description of the character of business conducted in Rhode Island <b>Landscaping; Title: ...</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Carolyn L. Faria</b>			Vice-President Name <b>Carolyn L. Faria</b>		
Street Address <b>52 West Main Road</b>			Street Address <b>52 West Main Road</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
Secretary Name <b>Christopher M. Faria</b>			Treasurer Name <b>Carolyn L. Faria</b>		
Street Address <b>59 Peckham Road</b>			Street Address <b>52 West Main Road</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Gabriel Faria, Jr.</b>			Director Name <b>Carolyn L. Faria</b>		
Street Address <b>52 West Main Road</b>			Street Address <b>52 West Main Road</b>		
City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <b>00</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Carolyn L. Faria</b> <i>Carolyn L. Faria</i>				Date <b>1-13-19</b>	
Signature of Authorized Representative					

MAIL TO:  
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 Website: www.sos.ri.gov