



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.

STAMP

FOR
SECRETARY OF STATE
FILE OFFICE

1. Entity ID Number 000153175		2. Exact name of the Corporation TWIN RIVER NURSERY, INC.			
3. Principal Office Address 31 Douglas Pike		City Smithfield		State RI	Zip 02917
4. NAICS Code 444220		6. Brief description of the character of business conducted in Rhode Island 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 TYRONE V. DALO			Vice-President Name KATHY E. DALO		
Street Address 130 Whipple Road			Street Address 179 Creeley Street		
City Pascoag	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name KATHY E. DALO			Treasurer Name TYRONE V. DALO		
Street Address 179 Creeley Street			Street Address 130 Whipple Road		
City Providence	State RI	Zip 02904	City Pascoag	State RI	Zip 02859
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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	
200 Shares		Common		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 TYRONE V. DALO					Date 2-16-19
Signature of Authorized Representative 					
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

FEB 21 2019

BY



FORM 630 - Revised: 10/2017