

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

FEB 27 2019

BY

12377 DS

1. Entity ID Number 000052790		2. Exact name of the Corporation NANAQUAKET NURSERY, INC.			
3. Principal Office Address 2970 MAIN RD			City TIVERTON	State RI	Zip 02878
4. NAICS Code 111400		6. Brief description of the character of business conducted in Rhode Island OPERATIONS OF NURSERY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOHN D MANCHESTER			Vice-President Name		
Street Address 2970 MAIN RD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name JOHN D MANCHESTER			Treasurer Name		
Street Address 2970 MAIN RD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JOHN D MANCHESTER			Director Name		
Street Address 2970 MAIN RD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		N/A	
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 <u>John D Manchester</u>					Date 2-20-19
Signature of Authorized Representative JOHN D MANCHESTER					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov