



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

Annual Report for the year: 2018  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

SECRETARY OF STATE  
 CORPORATION: 507  
 2019 APR 15 AM 11:19

1. Entity ID Number <u>000011861</u>		2. Exact name of the Corporation <u>PARK SQUARE FLORIST INC.</u>	
3. Principal Office Address <u>1300 PARK AVE</u>		City <u>WOONSOCKET</u>	State <u>RI</u>
		Zip <u>02895</u>	
4. NAICS Code <u>453110</u>	6. Brief description of the character of business conducted in Rhode Island <u>FLORIST</u>		
5. State of Incorporation <u>RHODE ISLAND</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>ROY R. WARHOL</u>		Vice-President Name	
Street Address <u>354 AYLSWORTH AVE</u>		Street Address	
City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>ROY R. WARHOL</u>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <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.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>COMMON</u>
		PAR VALUE <u>NO PAR</u>	
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>ROY R. WARHOL</u>			Date <u>4/10/19</u>
Signature of Authorized Representative <u>[Signature]</u>			

FILED

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

APR 15 2019  
 BY QNHFD  
 A.A. 11:20A.M.