



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

Annual Report for the year: 2020
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

JAN 13 2020

1240

| 1. Entity ID Number 000018063 | | 2. Exact name of the Corporation Wildwood Nurseries, Inc. | | | | | | | | | | | | |
|---|-------------|---|---|--------------------|--------------|------------------|--------------|-----------|--------|--|--|--|--|--|
| 3. Principal Office Address 659 Frenchtown Road | | | City East Greenwich | State RI | Zip 02818 | | | | | | | | | |
| 4. NAICS Code 444220 | | 6. Brief description of the character of business conducted in Rhode Island Independent Retail Garden Center & 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 David T Bosco | | | Vice-President Name None | | | | | | | | | | | |
| Street Address 205 Westmoreland Lane | | | Street Address | | | | | | | | | | | |
| City Saunderstown | State RI | Zip 02874 | City | State | Zip | | | | | | | | | |
| Secretary Name David T Bosco | | | Treasurer Name None | | | | | | | | | | | |
| Street Address 205 Westmoreland Lane | | | Street Address | | | | | | | | | | | |
| City Saunderstown | State RI | Zip 02874 | City | State | Zip | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name David T Bosco | | | Director Name None | | | | | | | | | | | |
| Street Address 205 Westmoreland Lane | | | Street Address | | | | | | | | | | | |
| City Saunderstown | State RI | Zip 02874 | City | State | Zip | | | | | | | | | |
| Director Name Thomas A Bosco | | | Director Name None | | | | | | | | | | | |
| Street Address 659 Frenchtown Road | | | Street Address | | | | | | | | | | | |
| City East Greenwich | State RI | Zip 02818 | City | State | Zip | | | | | | | | | |
| 9. Shares Authorized This information is currently of record in the Department of State. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| Changes require an additional filing. | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100 00</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 00 | | | | | |
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| 100 00 | | | | | | | | | | | | | | |
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| 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 David T Bosco | | | | Date 01/10/2020 | | | | | | | | | | |
| Signature of Authorized Representative | | | | SIGN DOCUMENT HERE | | | | | | | | | | |