

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. Corporate ID No. 2. Name of Corporation 114348 ROBIN'S FLORISTS, INC. 3. Street Address Principal Business Office State 10 Cedar Swamp Road Smithfield RI 02917 4 Business Phone No. 5. State of Incorporation 6. SIC Code 4655 **RHODE ISLAND** 231-4310 7. Brief Description of the Character of Hustness Conducted in Whode Island FLORIST AND RETAIL GIFT SALES FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name Robin J. Rongione None. Street Address Street Address 10 Cedar Swamp Road State 7.ip State Zip J 02917 Smithfield RI Treasurer Name Secretary Name Robin J. Rongione Robin J. Rongione Street Address Street Address 10 Cedar Swamp Road 10 Cedar Swamp Road Zip 02917 Smithfield RI 02917 Smithfield RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None. Street Address Street Address State Zip City Director Name Director Name Street Address Street Address City State 2ip City State Z.ip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) □ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 100 No Par Value N/A This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying school les and statements, and that all statements

File Date

2 - 23 - 05

Check No. 3159

By: 50R SECRETARY OF STATE USE ONLY



None

Street Address

Director Name

Street Address

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

City

City

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

一会 Matthew A. E		401.222.30				
ROFIT CORPOR ing Period: January 1 - M DRM MUST BE TYPED OR PRIN	arch 1 • Filing		T FOR THE YEAR	200)4	
Corporate ID No.	2. Name of Corporation					
114348	ROBIN'S FLOR	ISTS, INC.				
treet Address Principal Business C			City	State	Zip	
10 Cedar Swar	np Road		Smithfield	RI	02917	
istness Phone No.		5. State of Incorporation			6 SIC Code	
231-4310		RHODE ISLAND			4655	
dent Name	OF THE OFFICERS:	("X" BOX FOR ATTA	Vice President Name	ACES BEFORE USIN	G ATTACHMENTS	
Robin J. Rong	grone		None			
10 Cedar Swar	np Road	_	Street Address			
	State	Zip	City	State	Zip	
Smithfield	RI	02917				
rlary Name			Treasurer Name			
Robin J. Rond	gione		Robin J. Rongione			
Address			Street Address			
10 Cedar Swam	np Road		10 Cedar Swam	p Road		
	State	Zip	City	State	Zip	
Smithfield	RI	02917	Smithfield	RI	02917	
IAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT) 🔲 FILL IN S	PACES BEFORE USI	NG ATTACHMENTS	
riar Nama			Dimerca Manua			

Street Address

Director Name

Street Address

ISSUED SHARES

Number of Shares

100

City

Cuy

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 1 6 3 6 8	*
File Date		*
Check No.	2517	
Ву:	<u>a</u>	
F	FOR SECRETARY OF STATE USE ONLY	

State

State

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Series

7.Ip

Zip

Par Value

Under penalty of perjury, I declare and affirm including any accompanying schedules and			•
opilained hereip are true and correct.	2	 いつ	104
Signature of Officer		Date	
Robin J Rongione	•		
Print or Type Name of Officer President			
Title of Officer			

State

State

Class/Series

N/A

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Zip

Zip

Par Value

No Par Value

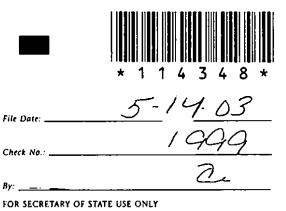
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PLEASE READ INSTRUCTIONS

Filing Period: Janua			CIONI ION III	E IEAR	PEFASE REAL INSTRUCTION
FORM MUST BE TYPED OR P	RINTED IN BLACK) 2. Name of Corpora	tion.			
I. Corporate ID No. 114348	ROBIN'S FLO				
3. Street Address Principal Busi			SMITHFIELD	State RI	^{21p} 02917
1. Business Phone No. (401) 23 7. Brief Description of the Char		S. State of Incorporation RHODE ISLAN In Rhode Island CD, COLLOT	0	N CC AND THE T	6. SIC Code 4655
	LAWFUL BUSINESS	S PERMITTĖD UNDĖ		ATUTES, BEFORE USING ATTA	
ROBIN J.	RONGIONE		NONE.		
10 CEDAR SMITHFIE	SWAMP ROAD LD State RI	^{z1p} 02917	City	State	Zip
Secretary Name ROBIN J.	RONGIONE		Treasurer Name ROBIN J. RONG Street Address	SIONE	
	SWAMP ROAD	Zip	10 CEDAR SWAN	P ROAD State	Zip
SMITHFIE 9. NAMES AND ADDI Director Name		02917 ECTORS (*x* box for a	SMITHFIELD TTACHMENT) FILL IN SPAC Director Name	RI es before using att	02917 fachments
NONE.			Street Address		
City	State	Zip	City	State	Zip
Director Name	, ·		Director Name		1 • • ·
Street Address			Street Address		
City	Stale	Zip	City	State	Zip
10. SHARES AUTHOR	IZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	"X" BOX FOR ATTACHMEN	(17)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	N/A	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer

Date

ROBIN J. RONGTONE



₹

Print or Type Name of Officer

Ferni G30 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401-222-3040

(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No.	2. Name of Corporal	lon			
114348	ROBIN'S FLO	DRISTS, INC.			
3. Street Address Principal Business	Office		City	State	Zip
10 Cedar Swa 4. Business Phone No.	•	5. State of Incorporation	Smithfield	RI	02917 6. SIC Code
(401) 231-43		RHODE ISLAND			4655
of any/all 1 8. NAMES AND ADDRES President Name	lawful busi SES OF THE OFFI	ness permitted	Vice President Name	sales, and poration sta	tutes.
Robin J. Ror	igrone		None.		
10 Cedar Swa	mp Road		Sittle Made (3)		
Smithfield	State R I	^{Zip} 02917	City	State	Zip
Secretary Name		•	Treasurer Name	•	. • • • •
Robin J. Ror Street Address	ngione		Robin J. Ro Street Address	ngione	
10 Cedar Swa	ımp Road		10 Cedar Sw	amp Road	
City	State	Zip	City	State	Zip
Smithfield:	RI	02917	Smithfield	RI	02917
9. NAMES AND ADDRES Director Name None.	SES OF THE DIRE	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES B Director Name	EFORE USING ATTAC	CHMENTS
Street Address			Street Address		
Gity	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Chy	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X")	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	N/A	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: _	2-27-02
Check No :	1268
Ву:	de
	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and प्राबंदिया। statements contained herein are true and correct.

Signature of Officer Robin J. Rongione

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation ROBIN'S FLORISTS, INC.

3. Street Addres		siness Office Swamp	Road		City	Smithfield		rate R I	zip 029	17
4. Business Pho		Swamp	Road	5. State of incorporation RHODE ISLAND		Julianiei	J	K i	6. SIC Code	17
	01) 23	1-4310		RHODE ISLAND					465	5
7. Brief Descrip	tion of the Ch	aracter of Busin	ess Conducted in Rhod	elsland Florist	and	retail gi	ift sa	ales, and	transact	ion of
an	y/all	lawful	business	permitted un	der	the incor	rpora	tion [°] statu1	tes.	
8. NAMES President Name		RESSES OF	THE OFFICER	S (*X* BOX FOR ATTACHA		FILL IN SPACE resident Name	S BEFOR	E USING ATTACH!	MENTS	
	bin J.	Rongio	one			None.				
Street Address		_	. .		Street	Address				
	Cedar	Swamp								
City		State		Zip	City		\$.	tale	Zip	
	ithfie	ld	RŢ	02917						
Secretary Name					Treasu	ret Name				
	bin J.	Rongio	one			Robin J.	Rong	ione		
Street Address	~ .	_	5		Street	Address	_			
	Cedar	Swamp				10 Cedar	Swamj	Road		
City		Stati		Zip	City			late	ZIp	
	ithfie		RI	02917		Smithfiel	١d	RI	0291	7
	AND ADD	RESSES OF	F THE DIRECTO	ORS ("X" BOX FOR ATTAC			CES BEFO	ORE USING ATTAC	HMENTS	
Director Name					. Direct	or Name				
Noi	ne.								•	
Street Address					Street	Address				
City		State	•	Zip	City		s	tale	Zip	
Director Name				•	Direct	or Name		•		
Street Address					Street	Address				
City		State	•	Zip	City		s	late	Zip	
10. SHARE.		RIZED (*x*	BOX FOR ATTACHM	ENT)		HARES ISSUED	(*X* BOX	FOR ATTACHMENT)		
Number of Sha		Clas	s/Series	Par Value	•	er of Shares	c	Class/Serles	Par Value	
·	NO PAR	VALUE				100		N1 / A	N. D	
. ,						100		N/A	No Par	Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 1 4 3 4 8 *
File Date:	0/22
Check No.:	567
Ву:	<u></u>
FOR SECRETAR	Y OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and mat all statements contained herein are true and correct. Signature of Officer Robin J. Rongione Print or Type Name of Officer

President Title of Officer