



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 114348		2. Name of Corporation ROBIN'S FLORISTS, INC.			
3. Street Address Principal Business Office 10 Cedar Swamp Road			City Smithfield	State RI	Zip 02917
4. Business Phone No. 231-4310		5. State of Incorporation RHODE ISLAND			6. SIC Code 4655
7. Brief Description of the Character of Business Conducted in Rhode Island FLORIST AND RETAIL GIFT SALES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robin J. Rongione			Vice President Name None.		
Street Address 10 Cedar Swamp Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Robin J. Rongione			Treasurer Name Robin J. Rongione		
Street Address 10 Cedar Swamp Road			Street Address 10 Cedar Swamp Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None.			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
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



114348

File Date 2-23-05
Check No. 3159
By: [Signature]
FOR SECRETARY 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 that all statements contained herein are true and correct.

[Signature] 2/22/05
Signature of Officer Robin J. Rongione
Date
Print or Type Name of Officer
Robin J. Rongione
President
Title of Officer



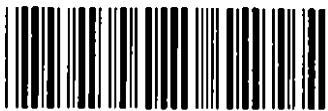
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Street Address 10 Cedar Swamp Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Robin J. Rongione			Treasurer Name Robin J. Rongione		
Street Address 10 Cedar Swamp Road			Street Address 10 Cedar Swamp Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
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Director Name None			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
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



* 1 1 4 3 4 8 *

File Date 2-18-04
Check No. 2517
By: [Signature]
FOR SECRETARY 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 that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2/17/04
Robin J Rongione
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **114348** 2. Name of Corporation **ROBIN'S FLORISTS, INC.**
3. Street Address Principal Business Office **10 CEDAR SWAMP ROAD** City **SMITHFIELD** State **RI** Zip **02917**
4. Business Phone No. **(401) 231-4310** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4655**

7. Brief Description of the Character of Business Conducted in Rhode Island **FLORIST AND RETAIL GIFT SALES, AND THE TRANSACTION OF ANY/ALL LAWFUL BUSINESS PERMITTED UNDER INCORPORATION STATUTES.**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **ROBIN J. RONGIONE** Vice President Name **NONE.**
Street Address **10 CEDAR SWAMP ROAD** Street Address
City **SMITHFIELD** State **RI** Zip **02917** City State Zip

Secretary Name **ROBIN J. RONGIONE** Treasurer Name **ROBIN J. RONGIONE**
Street Address **10 CEDAR SWAMP ROAD** Street Address **10 CEDAR SWAMP ROAD**
City **SMITHFIELD** State **RI** Zip **02917** City **SMITHFIELD** State **RI** Zip **02917**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **NONE.** Director Name
Street Address Street Address
City State Zip City State Zip

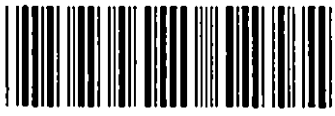
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			

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

ISSUED SHARES	Number of Shares	Class/Series	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



* 1 1 4 3 4 8 *

File Date: 5-14-03
Check No.: 1999
By: [Signature]

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] Date
Signature of Officer
ROBIN J. RONGIONE
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **114348** 2. Name of Corporation **ROBIN'S FLORISTS, INC.**
3. Street Address Principal Business Office **10 Cedar Swamp Road** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **(401) 231-4310** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4655**

7. Brief Description of the Character of Business Conducted in Rhode Island **Florist and retail gift sales, and transaction of any/all lawful business permitted under the incorporation statutes.**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Robin J. Rongione** Vice President Name **None.**
Street Address **10 Cedar Swamp Road** Street Address
City **Smithfield** State **RI** Zip **02917** City State Zip

Secretary Name **Robin J. Rongione** Treasurer Name **Robin J. Rongione**
Street Address **10 Cedar Swamp Road** Street Address **10 Cedar Swamp Road**
City **Smithfield** State **RI** Zip **02917** City **Smithfield** State **RI** Zip **02917**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **None.** 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

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	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



* 1 1 4 3 4 8 *

File Date: 2-27-02
1268
Check No.: _____
By: [Signature]

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] 2/25/02
Signature of Officer Date

Robin J. Rongione
Print or Type Name of Officer
President



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. **114348** 2. Name of Corporation **ROBIN'S FLORISTS, INC.**

3. Street Address Principal Business Office **10 Cedar Swamp Road** City **Smithfield** State **RI** Zip **02917**

4. Business Phone No. **(401) 231-4310** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4655**

7. Brief Description of the Character of Business Conducted in Rhode Island **Florist and retail gift sales, and transaction of any/all lawful business permitted under the incorporation statutes.**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Robin J. Rongione**
Street Address **10 Cedar Swamp Road**
City **Smithfield** State **RI** Zip **02917**

Vice President Name **None.**
Street Address
City State Zip

Secretary Name **Robin J. Rongione**
Street Address **10 Cedar Swamp Road**
City **Smithfield** State **RI** Zip **02917**

Treasurer Name **Robin J. Rongione**
Street Address **10 Cedar Swamp Road**
City **Smithfield** State **RI** Zip **02917**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **None.**
Street Address
City State Zip

Director Name
Street Address
City State Zip

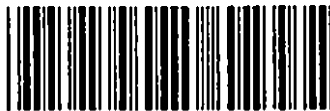
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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



* 1 1 4 3 4 8 *

File Date: 2/22
Check No.: 567
By: [Signature]

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] 2/21/01
Signature of Officer Date

Robin J. Rongione
Print or Type Name of Officer
President
Title of Officer