



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

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BUS SVCS DIV

2020 FEB 18 P 1:55 PM

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.

1. Entity ID Number 1682941		2. Exact name of the Corporation AMATO'S GREENHOUSES, INC.			
3. Principal Office Address 1441 Park Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 444220		6. Brief description of the character of business conducted in Rhode Island To operate a greenhouse.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John W. Amato			Vice-President Name John W. Amato		
Street Address 1636 Scituate Avenue			Street Address 1636 Scituate Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name John W. Amato			Treasurer Name John W. Amato		
Street Address 1636 Scituate Avenue			Street Address 1636 Scituate Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John W. Amato			Director Name None		
Street Address 1636 Scituate Avenue			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					No Par Value
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 John W. Amato					Date 2/18/2020
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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

FILED
FEB 18 2020
BY CHCK 18947
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FORM 630 - Revised: 10/2017