



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

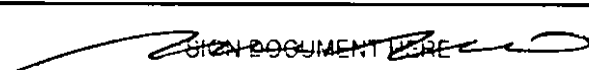
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED  
STAMP**

MAR 06 2020

BY 2900

1. Entity ID Number <b>124431</b>		2. Exact name of the Corporation <b>ROSE BUD FLORIST, INC.</b>			
3. Principal Office Address <b>350 Benefit Street</b>		City <b>Pawtucket</b>		State <b>RI</b>	Zip <b>02861</b>
4. NAICS Code <b>453110</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO BUY AND SELL FLOWERS, PLANTS, FLORAL ARRANGEMENTS, KNICK-KNACKS, SOUVENIRS AND GIFTS</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MANUEL MOURAO</b>			Vice-President Name		
Street Address <b>2 Medberry Lane</b>			Street Address		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City	State	Zip
Secretary Name <b>MANUEL MOURAO</b>			Treasurer Name <b>MANUEL MOURAO</b>		
Street Address <b>2 Medberry Lane</b>			Street Address <b>2 Medberry Lane</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MANUEL MOURAO</b>			Director Name		
Street Address <b>2 Medberry Lane</b>			Street Address		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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		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. <b>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.</b>					
Name of Authorized Representative <b>MANUEL MOURAO, PRESIDENT</b>					Date <b>February 18, 2020</b>
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov