



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

AMENDED

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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 OCT -1 PM 12:18

1. Entity ID Number <b>000116199</b>		2. Exact name of the Corporation <b>American Florist Supply, Inc.</b>			
3. Principal Office Address <b>ONE PROGRESS WAY</b>			City <b>WILMINGTON</b>	State <b>MA</b>	Zip <b>01887</b>
4. NAICS Code <b>424930</b>		6. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE FLORAL DISTRIBUTION</b>			
5. State of Incorporation <b>MA</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>STEPHEN DABRIO</b>			Vice-President Name		
Street Address <b>ONE PROGRESS WAY</b>			Street Address		
City <b>WILMINGTON</b>	State <b>MA</b>	Zip <b>01887</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			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
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>\$ .001</b>
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 <b>STEVEN MOSCARITTO</b>				Date <b>9/29/20</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

FILED

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BY CA 12:18

FORM 630 - Revised: 10/2017



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 01, 2020 12:18 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

