



State of Rhode Island

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

OCT 02 2020

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STAMP

1. Entity ID Number 0090626		2. Exact name of the Corporation Woodlawn Gardens Florist Inc			
3. Principal Office Address 788 Pontiac ave			City Cranston	State RI	Zip 02910
4. NAICS Code 453110		6. Brief description of the character of business conducted in Rhode Island Retail Florist			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Sherman II			Vice-President Name David Sherman		
Street Address 173 Aqueduct Rd			Street Address 173 Aqueduct Rd		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name David Sherman			Treasurer Name David Sherman		
Street Address 173 Aqueduct Rd			Street Address 173 Aqueduct Rd		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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		
			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 David Sherman					Date 9/29/2020
Signature of Authorized Representative <i>David Sherman</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020