



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 58699		2. Name of Corporation C. Imondi & Son Florists, Inc.		
3. Street Address Principal Business Office 182 SMITHFIELD AVENUE		City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 4017232470		5. State of Incorporation RHODE ISLAND		6. SIC Code 4655
7. Brief Description of the Character of Business Conducted In Rhode Island FLOWER SHOP				

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Pasquale Imondi			Vice President Name Patricia D. Pascale		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Pasquale Imondi			Treasurer Name Patricia D. Pascale		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Pasquale Imondi			Director Name Kathleen Imondi		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Patricia D. Pascale			Director Name Ernest Pascale		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		2,000	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



5 8 6 9 9

*58699 DBC 01/05/05
FILED 12:00 PM
File Date FEB 28 2005 1751
Check No.
By: KB
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: Pasquale Imondi
Date: 2-21-05
Print or Type Name of Officer: Pasquale Imondi
Title of Officer: Secretary



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections for Corporate ID No., Name of Corporation, Street Address, Business Phone No., State of Incorporation, SIC Code, Brief Description of Business, Officers (President, Vice President, Secretary, Treasurer), and Directors (Director Name, Street Address, City, State, Zip). Includes sections for Shares Authorized and Shares Issued.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 8 6 9 9 *

File Date: 1-22-04
Check No.: 9162
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: Pasquale Imondi
Date: 1/17/2004
Print or Type Name of Officer: Pasquale Imondi
Title of Officer: Secretary



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. 58699
2. Name of Corporation C. Imondi & Son Florists, Inc.
3. Street Address Principal Business Office 182 Smithfield Road
City Pawtucket State RI Zip 02860
4. Business Phone No. 723-2470
5. State of Incorporation RHODE ISLAND
6. SIC Code 4655
7. Brief Description of the Character of Business Conducted in Rhode Island
Flower Shop

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

President Name Pasquale Imondi Street Address 182 Smithfield Road City Pawtucket State RI Zip 02860	Vice President Name Patricia D. Pascale Street Address 182 Smithfield Road City Pawtucket State RI Zip 02860
Secretary Name Pasquale Imondi Street Address 182 Smithfield Road City Pawtucket State RI Zip 02860	Treasurer Name Patricia D. Pascal Street Address 182 Smithfield Road City Pawtucket State RI Zip 02860

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

Director Name Pasquale Imondi Street Address 182 Smithfield Road City Pawtucket State RI Zip 02860	Director Name Kathleen Imondi Street Address 182 Smithfield Road City Pawtucket State RI Zip 02860
Director Name Patricia D. Pascal Street Address 182 Smithfield Road City Pawtucket State RI Zip 02860	Director Name Ernest Pascale Street Address 182 Smithfield Road City Pawtucket State RI Zip 02860

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	2,000	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 8 6 9 9 *

File Date: 1-21-03
Check No.: 129
By: UP

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: Pasquale Imondi Date: 1/15/2003
Print or Type Name of Officer: Pasquale Imondi
Title of Officer: President



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. **58699** 2. Name of Corporation **C. Imondi & Son Florists, Inc.**
3. Street Address Principal Business Office **182 Smithfield Road** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **723-2470** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4655**
7. Brief Description of the Character of Business Conducted in Rhode Island **Flower Shop**

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

President Name Pasquale Imondi	Vice President Name Patricia D. Pascale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City Pawtucket State RI Zip 02860	City Pawtucket State RI Zip 02860
Secretary Name Pasquale Imondi	Treasurer Name Patricia D. Pasquale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City Pawtucket State RI Zip 02860	City Pawtucket State RI Zip 02860

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

Director Name Pasquale Imondi	Director Name Kathleen Imondi
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City Pawtucket State RI Zip 02860	City Pawtucket State RI Zip 02860
Director Name Patricia D. Pascal	Director Name Ernest Pascale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City Pawtucket State RI Zip 02860	City Pawtucket State RI Zip 02860

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

AUTHORIZED SHARES
Number of Shares **4,000 NO PAR VALUE** Class/Series Par Value

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

ISSUED SHARES
Number of Shares **2,000** Class/Series **common** Par Value **no par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 8 6 9 9 *

File Date: 1-22-02
Check No.: 1735
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 of Officer: [Signature] Date: 1/19/2002
Pasquale Imondi
Print or Type Name of Officer
President
Title of Officer



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. **58699** 2. Name of Corporation
C. Imondi & Son Florists, Inc.

3. Street Address Principal Business Office City State Zip
182 Smithfield Avenue **Pawtucket** **RI** **02860**

4. Business Phone No. 5. State of Incorporation
723-2470 **RHODE ISLAND**

6. SIC Code
4655

7. Brief Description of the Character of Business Conducted in Rhode Island
Flower Shop

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

President Name Pasquale Imondi	Vice President Name Patricia D. Pascale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860
Secretary Name Pasquale Imondi	Treasurer Name Patricia D. Pascale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860

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

Director Name Pasquale Imondi	Director Name Kathleen Imondi
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860
Director Name Patricia D. Pascale	Director Name Ernest Pascale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4,000 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2,000	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 8 6 9 9 *

File Date: 1/29
857

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] 1/22/2001
Signature of Officer Date

Pasquale Imondi
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **58699** 2. Name of Corporation **C. Imondi & Son Florists, Inc.**
3. Street Address Principal Business Office **182 Smithfield Avenue** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **723-2470** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4655**
7. Brief Description of the Character of Business Conducted in Rhode Island
Flower Shop

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

President Name Pasquale Imondi	Vice President Name Patricia D. Pascale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860
Secretary Name Pasquale Imondi	Treasurer Name Patricia D. Pascale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860

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

Director Name Pasquale Imondi	Director Name Kathleen Imondi
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860
Director Name Patricia D. Pascale	Director Name Ernest Pascale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000 SHS	NO PAR VAL	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	2,000	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 8 6 9 9 *

PAID

File Date: **JAN 19 2000**

Check No.: **SECY OF STATE**

By: _____

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.

Pasquale Imondi 1/15/2000
Signature of Officer Date

Pasquale Imondi

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 58699			2. Name of Corporation C. Imondi & Son Florists, Inc.		
3. Street Address Principal Business Office 182 Smithfield Avenue			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 723-2470			5. State of Incorporation RHODE ISLAND		
6. SIC Code 4655					
7. Brief Description of the Character of Business Conducted in Rhode Island Flower Shop					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Pasquale Imondi			Vice President Name Patricia D. Pascale		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Pasquale Imondi			Treasurer Name Patricia D. Pascale		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Pasquale Imondi			Director Name Kathleen Imondi		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Patricia D. Pascale			Director Name Ernest Pascale		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR VAL			2,000	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 8 6 9 9 *

File Date: 1-15-99

Check No.: 18262

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] 1/14/99
Signature of Officer Date

Pasquale Imondi

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 58699		2. Name of Corporation C. Imond & Son Florists, Inc.			
3. Street Address Principal Business Office 182 Smithfield Avenue			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 723-2470		5. State of Incorporation RHODE ISLAND		6. SIC Code 4855	
7. Brief Description of the Character of Business Conducted in Rhode Island Flower Shop					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Pasquale Imond			Vice President Name Patricia D. Pascale		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Pasquale Imond			Treasurer Name Patricia D. Pascale		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Pasquale Imond			Director Name Kathleen Imond		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Patricia D. Pascale			Director Name Ernest Pascale		
Street Address 182 Smithfield Avenue			Street Address 182 Smithfield Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 SHS NO PAR VAL			2,000	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2.3.98
Check No.: 17540
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] 11/30/198
Signature of Officer Date
Pasquale Imond
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **58699** 2. Name of Corporation **C. Imondi & Son Florists, Inc.**

3. Street Address Principal Business Office **182 Smithfield Avenue** City **Pawtucket** State **RI** Zip **02860**
4. Business Phone No. **723-2470** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4655**

7. Brief Description of the Character of Business Conducted in Rhode Island
Flower Shop

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Pasquale Imondi	Vice President Name Patricia D. Pascale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860
Secretary Name Pasquale Imondi	Treasurer Name Patricia D. Pascale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Pasquale Imondi	Director Name Kathleen Imondi
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860
Director Name Patricia D. Pascale	Director Name Ernest Pascale
Street Address 182 Smithfield Avenue	Street Address 182 Smithfield Avenue
City State Zip Pawtucket RI 02860	City State Zip Pawtucket RI 02860

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
4,000 SHS NO PAR VAL	2,000 common no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/4/97

Check No.: 16803

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] 1/27/97
Signature of Officer Date

Pasquale Imondi
Print or Type Name of Officer

President
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO 58699		2. NAME OF CORPORATION C. Imondi & Son Florists, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 182 Smithfield Avenue		CITY Pawtucket	STATE RI
4. BUSINESS PHONE NO. 723-2470		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Flower Shop

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Pasquale Imondi			VICE PRESIDENT NAME Patricia D. Pascale		
STREET ADDRESS 182 Smithfield Avenue			STREET ADDRESS 182 Smithfield Avenue		
CITY Pawtucket	STATE RI	ZIP CODE 02860	CITY Pawtucket	STATE RI	ZIP CODE 02860
SECRETARY NAME Pasquale Imondi			TREASURER NAME Patricia D. Pascale		
STREET ADDRESS 182 Smithfield Avenue			STREET ADDRESS 182 Smithfield Avenue		
CITY Pawtucket	STATE RI	ZIP CODE 02860	CITY Pawtucket	STATE RI	ZIP CODE 02860

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Pascale Imondi			DIRECTOR NAME Kathleen Imondi		
STREET ADDRESS 182 Smithfield Avenue			STREET ADDRESS 182 Smithfield Avenue		
CITY Pawtucket	STATE RI	ZIP CODE 02860	CITY Pawtucket	STATE RI	ZIP CODE 02860
DIRECTOR NAME Patricia D. Pascale			DIRECTOR NAME Ernest Pascale		
STREET ADDRESS 182 Smithfield Avenue			STREET ADDRESS 182 Smithfield Avenue		
CITY Pawtucket	STATE RI	ZIP CODE 02860	CITY Pawtucket	STATE RI	ZIP CODE 02860

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
4,000 SHS	NO PAR VAL		2,000	common	no par

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Pasquale Imondi
Signature of Officer

Pasquale Imondi

Print or Type Name of Officer

President

Title of Officer

Date

File Date: 3/1/96
Check No: 16117
By: CP

For Secretary of State Use Only



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277 3040

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0058699 Annual Report for the year: 1995

Name of Corporation: C. Imondi & Son Florists, Inc.

Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____

 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____ Brief statement of the character of business conducted in Rhode Island:
flower shop

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

182 Smithfield Avenue
Pawtucket, RI 02860

Phone: () _____

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Pasquale Imondi	182 Smithfield Avenue	Pawtucket, RI	02860
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Patricia D. Pascale	"	"	"
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Pasquale Imondi	"	"	"
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Patricia D. Pascale	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Pascale Imondi	"	"	"
Kathleen Imondi	"	"	"
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Patricia D. Pascale	"	"	"
Ernest Pascale	"	"	"
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
4,000	common/no par	2,000	common/no par

Date January 26, 1995

By: Pasquale Imondi, Pres.
 Pasquale Imondi
 PRINT OR TYPE NAME OF OFFICER SIGNING
 President
 TITLE OF OFFICER SIGNING

Form 31 '95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

VINCENT F. RAGOSTA, JR.
 128 DORRANCE STREET
 PROVIDENCE RI 02903

PAID
FEB 07 1995
 SECY OF STATE
 OK #15317

PLEASE SIGN & DATE

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

1386293

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0058699 Annual Report for the year 1993

FIRST: The name of the corporation is C. Imondi & Son Florists, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is flower shop

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 128 Dorrance Street
Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Pasquale Imondi	Director	182 Smithfield Rd., Pawt., RI 02860
Patricia D. Pascale		"
Ernest Pascale	Director	"
Kathleen V. Imondi	Director	"
Pasquale Imondi	President	"
Patricia D. Pascale	Vice President	"
Pasquale Imondi	Secretary	"
Patricia D. Pascale	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,000	common	PAID	without par value

JAN 29 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	common		without par value

SECY OF STATE

Dated January 22, 19 93

C. Imondi & Son Florists, Inc.
(Name of Corporation)

By Pasquale Imondi
PASQUALE IMONDI
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

JDH #1 72753

Corporate ID 0058559 Annual Report for the year 1992

FIRST: The name of the corporation is C. Imondi & Son Florists, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is flower shop

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 128 Dorrance Street
Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Pasquale Imondi</u>	<u>Director</u>	<u>182 Smithfield Ave., Pawtucket, RI 02860</u>
<u>Patricia D. Pascale</u>	<u>Director</u>	<u>"</u>
<u>Ernest Pascale</u>		<u>"</u>
<u>Kathleen V. Imondi</u>	<u>Director</u>	<u>"</u>
<u>Pasquale Imondi</u>	<u>President</u>	<u>"</u>
<u>Patricia D. Pascale</u>	<u>Vice President</u>	<u>"</u>
<u>Pasquale Imondi</u>	<u>Secretary</u>	<u>"</u>
<u>Patricia D. Pascale</u>	<u>Treasurer</u>	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>4,000</u>	<u>common</u>	PAID	<u>without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>2,000</u>	<u>common</u>	SECY OF STATE	<u>without par value</u>

Dated January 22, 1992

C. Imondi & Son Florists, Inc.
(Name of Corporation)

By *Pasquale Imondi*

PASQUALE IMONDI

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0058689 Annual Report for the year 1991

FIRST: The name of the corporation is C. Imondi & Son Florists, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is flower shop

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Pasquale Imondi</u>	<u>Director</u>	<u>182 Smithfield Ave., Pawtucket, RI 02860</u>
<u>Patricia D. Pascale</u>	<u>Director</u>	<u>"</u>
<u>Ernest Pascale</u>		<u>"</u>
<u>Kathleen V. Imondi</u>	<u>Director</u>	<u>"</u>
<u>Pasquale Imondi</u>	<u>President</u>	<u>"</u>
<u>Patricia D. Pascale</u>	<u>Vice President</u>	<u>"</u>
<u>Pasquale Imondi</u>	<u>Secretary</u>	<u>"</u>
<u>Patricia D. Pascale</u>	<u>Treasurer</u>	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>4,000</u>	<u>common</u>		<u>without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>2,000</u>	<u>common</u>		<u>without par value</u>

Dated January 25, 19 91

C. Imondi & Son Florists, Inc.
(Name of Corporation)

By Pasquale Imondi, Pres.

PASQUALE IMONDI
President

(Report must be signed by an officer)