RI SOS Filing Number: 202186025280 Date: 1/13/2021 3:21:00 PM State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

STAMP

→ Filing period: January 1 - March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.					pn9 2402 BM		
1. Entity ID Number	2. Exact name of the Corporation				2021 JAN 13 P 3: 11		
503230	Romano's G	Romano's Greenwood Flower & Garden, Inc.					
3. Principal Office Address			City		State	Zip	
1161 Main Ave			Warwick		RI	02886	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business con-	ducted in Rhode Is	land		
453110	Retail Flowe	er Shop					
5. State of Incorporation		•					
RI							
7. List ALL officers (names a	and addresses)			Check 1	he box to indic	ate an attachment	
President Name Stephanie Ro	Vice-President Name Daryal Romano						
Street Address 1785 Flat River Road			Street Address 1785 Flat River Road				
City Coventry	State RI	Zip 02816	City Coventry		State RI	Zip 02816	
Secretary Name			Treasurer Name				
Street Address			Street Address				
			Oli eet Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)		-	Check	the box to indic	zate an attachment 🔲	
Director Name	·		Director Name				
Street Address			Street Address				
City							
City	State	Zip	City		State	Zip	
Director Name Street Address			Director Name Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized			Shares Issued Check the box to indicate an attachment			ate an attachment	
This information is currently of record in the Department of State.		NUMBER (NUMBER OF SHARES		1	PAR VALUE	
'		none					
Changes require an additiona	al filing.					-	
11. This report must be exec	cuted on behalf of the	corporation by an	authorized represen	ntative. If the corpo	ration is in the	hands of a receiver or	
trustee, this report must be	executed on behalf or	the corporation by	the receiver or trust	tee.			
Under penalty of perjury, I statements, and that all st	l declare and affirm tatements contained	that I have examii I herein are true a	ned this report, incl nd correct.	luding any accom	panying sche	dules and	
Name of Authorized Representative					Date		
Stephanie Romano			1/13/2021				
Signature of Authorized Rep	presentative	<u></u>	_	FILED			
Danon	W			FILLD			
446				JAN 1 3 20	21		

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