RI SOS Filing Number: 202186025910 Date: 1/13/2021 3:20:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP

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R.I. DEPT. OF
BUS SVCS
2021 JAN 13 P

1. Entity ID Number	2. Exact name of the Corporation		
503230	Romano's Greenwood Flower & Garden, Inc.		
3. Principal Office Address	City	State	Zip
782 Main Ave	Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
453110	Retail Flower Shop		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Stephanie Romano	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: none	Treasurer Name: none
Street Address	Street Address
City State Zip	City State Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
none	
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
none		

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	Date
Stephanie Romano	1/13/2021

Signature of Authorized Representative

FILED
JAN 13 2021
BY
3:20

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