



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021  
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 STAMP

JAN 20 2021

BY 10337 OS

1. Entity ID Number 000090626		2. Exact name of the Corporation WOODLAWN GARDENS FLORIST, INC.			
3. Principal Office Address 728 PONTIAC AVENUE			City CRANSTON	State RI	Zip 02910
4. NAICS Code 453110		6. Brief description of the character of business conducted in Rhode Island RETAIL FLORIST TITLE: 7-1.1-51			
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 P. SHERMAN			Vice-President Name		
Street Address 173 AQUEDUCT ROAD			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		STK	0.00
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.					
<b>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.</b>					
Name of Authorized Representative DAVID P. SHERMAN				Date 1/6/2021	
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
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