State of Rhode Island
Department of State - Business Services Division

FILED

FEB 16 2021

BY [signature]

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.

1. Entity ID Number: 765662	2. Exact name of the Corporation: SECRET GARDEN HERB FARM, INC.

3. Principal Office Address	City	State	Zip
417 DOUGLAS PIKE	SMITHFIELD	RI	02917

4. NAICS Code: 333111	6. Brief description of the character of business conducted in Rhode Island: MANUFACTURING OF LAWN AND GARDEN ORNAMENTS ALONG WITH WHOLESALE AND RETAIL SALES OF SAME.
5. State of Incorporation: RI	

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

President Name: MELANIE PARADIS			Vice-President Name: PAUL PARDIS		
Street Address: 177 SCOTT ROAD			Street Address: 177 SCOTT ROAD		
City: CUMBERLAND	State: RI	Zip: 02864	City: CUMBERLAND	State: RI	Zip: 02864
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 ☐

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
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
3000	COMMON	NO PAR

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
MELANIE PARADIS	2/5/2021

Signature of Authorized Representative
x Melanie Paradis

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