



State of Rhode Island and Providence Plantations
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
MAR 03 2021
1266

1. Entity ID Number 1682941		2. Exact name of the Corporation AMATO'S GREENHOUSES, INC.			
3. Principal Office Address 1441 Park Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 444220	6. Brief description of the character of business conducted in Rhode Island To operate a greenhouse.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John W. Amato			Vice-President Name John W. Amato		
Street Address 1636 Scituate Avenue			Street Address 1636 Scituate Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name John W. Amato			Treasurer Name John W. Amato		
Street Address 1636 Scituate Avenue			Street Address 1636 Scituate Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John W. Amato			Director Name None		
Street Address 1636 Scituate Avenue			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name None			Director Name None		
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 <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value
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 John W. Amato				Date 2.18.21	
Signature of Authorized Representative <i>John W. Amato</i>				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov