RI SOS Filing Number: 202194941660 Date: 3/25/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30

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BUS SVCS DIV
2021 MAR 25 A 8:42

1. Entity ID Number	2. Exact name of the Corporation
001677844	What Cheer Flower Fa
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To grow, collect and donate flower bouquets to Rhode Island citizens who are sick, elderly, impoverished and/or in need of flowers.
4. NAICS Code: 111421	

6. Principal Office Address	City	State	Zip
63 Magnolia Street	Providence	RI	02909

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

President Name	Vice-President Name
Anne H. Holland	None
Street Address: 116 Summit Ave	Street Address:
City: Providence; State: RI; Zip: 02906	City: ; State: ; Zip:
Secretary Name: Tracy Mary Shawcross	Treasurer Name: Robert Matthews
Street Address: 75 Knowles Street	Street Address: 32 Edgehill Road
City: Providence; State: RI; Zip: 02906	City: Providence; State: RI; Zip: 02906

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name	Director Name
Anne H. Holland	Tracy Mary Shawcross
Street Address: 116 Summit Avenue	Street Address: 75 Knowles St.
City: Providence; State: RI; Zip: 02906	City: Providence; State: RI; Zip: 02906
Director Name: Robert Matthews	Director Name:
Street Address: 32 Edgehill Road	Street Address:
City: Providence; State: RI; Zip: 02906	City: ; State: ; Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Helen D. Anthony, Handy Law, LLC 42 Websosset St. Providence 02903	3/24/21

Signature of Officer/Authorized Representative: Helen D. Anthony, Esq.

FILED
MAR 25 2021
BY AZY8J
8:42

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 631 - Revised: 08/2020