



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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BUS SVCS DIV

2021 APR 16 PM 1:25

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 000747710		2. Exact name of the Corporation The Flower Shoppe Inc							
3. Principal Office Address 1 Hanover Avenue		City Providence	State RI						
4. NAICS Code 453110		5. Brief description of the character of business conducted in Rhode Island Florist - Retail Sales							
6. State of Incorporation RI									
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐									
President Name Karla M. Imbrascio		Vice-President Name							
Street Address 145 Oswald St		Street Address							
City Providence	State RI	City	State						
Zip 02861		Zip							
Secretary Name		Treasurer Name							
Street Address		Street Address							
City	State	City	State						
Zip		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	City	State						
Zip		Zip							
Director Name		Director Name							
Street Address		Street Address							
City	State	City	State						
Zip		Zip							
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐							
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CNP</td> <td>0.000</td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CNP	0.000
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE							
1000	CNP	0.000							
Changes require an additional filing.									
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 Karla M. Imbrascio		Date 4/15/2021							
Signature of Authorized Representative 		SIGN DOCUMENT HERE							

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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APR 16 2021

FORM 630 - Revised: 10/2017

BY **3NKTDD**