



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

SEP 27 2021

BY 1041  
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**Annual Report for the year: 2021**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |  |                      |                 |     |
|---|-------|--|----------------------|-----------------|-----|
| 1. Entity ID Number<br><b>1658760</b>   |       | 2. Exact name of the Limited Liability Company<br><b>P &amp; J Florist, LLC</b>        |                      |                 |     |
| 3. NAICS Code<br>453110   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Florist |                      |                 |     |
| 5. State of Formation<br>RI   |       |  |                      |                 |     |
| 6. Principal Office Address<br>340 Warren Avenue  |       | City<br>East Providence  | State<br>RI          | Zip<br>02914    |     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                      |                 |     |
| Contact Name Paul Quadros   |       |  | Contact Title Member |                 |     |
| Street Address 141 Cross Street   |       | City Central Falls   | State RI             | Zip 02863       |     |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                      |                 |     |
| Manager Name None   |       | Manager Name None  |                      |                 |     |
| Street Address  |       | Street Address   |                      |                 |     |
| City  | State | Zip  | City                 | State           | Zip |
| Manager Name None   |       | Manager Name None  |                      |                 |     |
| Street Address  |       | Street Address   |                      |                 |     |
| City  | State | Zip  | City                 | State           | Zip |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                      |                 |     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |  |                      |                 |     |
| <i>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.</i> |       |  |                      |                 |     |
| Name of Authorized Person<br>Paul Quadros   |       |  |                      | Date<br>9-23-21 |     |
| Signature of Authorized Person<br><i>Paul Quadros</i>   |       |  |                      |                 |     |

**MAIL TO:**  
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