	State of Office of the	Rhode Island	-	Fee: \$50.00
HOPE	Division Of 148 W. Providence	Business Servic River Street RI 02904-261 222-3040	es	
Limited Liability Comp Annual Report Filing Period: February 1 - Ma In accordance with R.I.G.L. 7	y 1 16-66(d), each limited lial			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2022				
1. ID No. <u>001664520</u>				
2. Exact Name of the Limited Liability Company <u>JS FLOWERS, LLC</u>				
3. State of Formation				
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. 453110				
4. Brief Description of the	Character of the Busines	ss Which is Ac	tually Conducte	d in Rhode Island
<u>FLOORIST</u>				
5. Principal Office Address				
	WER HILL ROAD H KINGSTOWN	State: <u>RI</u>	Zip: <u>02852</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
No. and Street: 550 TC	<u>. SHEA</u> Contact Title: WER HILL ROAD I KINGSTOWN	State: <u>RI</u>	Zip: <u>02852</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
KEHOE RAFS, LLC 71 MAIN STREET WAKEFIELD, RI 02879				
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

## **Signed this 19 Day of April, 2022 at 3:47:48 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

## By CHRISTOPHER G KEHOE

Signature of Authorized Person

Form No. 632 Revised 09/07

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