State of Rhode Island
Department of State - Business Services Division

FILED
FEB 06 2023
BY 4349

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31

1 Entity ID Number	2. Exact name of the Corporation
000123890	CARLONE's HOUSE, INC

3 Principal Office Address	City	State	Zip
16 DEXTER ST	PORTSMOUTH	RI	02871

4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island
4 5 4 3 9 0	To own and operate a general Merchandising Business of Buying and selling All Kinds of flowers, flower Bouquets, floral properties, plants, shrubs and Baskets
5 State of Incorporation: RI	

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

President Name	Vice-President Name
CAROL CARLONE	BRIAN WEEKS
Street Address: 22 Dexter St	Street Address: 646 Stone Church Rd
City: Portsmouth State: RI Zip: 02871	City: Tiverton State: RI Zip: 02878
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: 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: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: 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. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS SERIES	PAR VALUE
	1,000	CNP	-0-

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: CAROL A CARLONE
Date: 1/7/23
Signature of Authorized Representative: