



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF ST.
BUS SVCS DI

1. Entity ID Number 3895		2. Exact name of the Corporation Central Nurseries Inc.				2023 FEB -9 PM 2:11	
3. Principal Office Address 1155 Atwood Avenue			City Johnston		State RI		Zip 02919
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscape, Gardeners, Nurserymen and any other permitted purpose at law.					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐							
President Name Paul Pagliarini				Vice-President Name James Pagliarini			
Street Address 1155 Atwood Avenue				Street Address 1155 Atwood Avenue			
City Johnston		State RI		City Johnston		State RI	
Zip 02919		Zip 02919		Zip 02919		Zip 02919	
Secretary Name James Pagliarini				Treasurer Name Paul Pagliarini			
Street Address 1155 Atwood Avenue				Street Address 1155 Atwood Avenue			
City Johnston		State RI		City Johnston		State RI	
Zip 02919		Zip 02919		Zip 02919		Zip 02919	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐							
Director Name Paul Pagliarini				Director Name Gregory Pagliarini			
Street Address 1155 Atwood Avenue				Street Address 1155 Atwood Avenue			
City Johnston		State RI		City Johnston		State RI	
Zip 02919		Zip 02919		Zip 02919		Zip 02919	
Director Name James Pagliarini				Director Name			
Street Address 1155 Atwood Avenue				Street Address			
City Johnston		State RI		City		State	
Zip 02919		Zip 02919		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. Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES	
				80		Common	
						No par	
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 <i>Frank Saccoccia Esq (Res. del Agent)</i>						Date 2/9/23	
Signature of Authorized Representative <i>[Signature]</i>						FILED FEB 09 2023 BY ML BZMIX8	