



State of Rhode Island

## Department of State - Business Services Division

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.

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RI DEPT. OF STATE  
BUS SVCS DIV

2023 MAR 21 A 10:14

1. Entity ID Number <b>000142902</b>		2. Exact name of the Corporation <b>Blossoms Design Boutique INC</b>	
3. Principal Office Address <b>160 Smithfield Ave</b>		City <b>Pawt</b>	State <b>RI</b>
Zip <b>02860</b>			
4. NAICS Code <b>453110</b>	6. Brief description of the character of business conducted in Rhode Island <b>Flower Shop Floral Design</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Leash GASPAL</b>		Vice-President Name <b>James GASPAL</b>	
Street Address <b>79 Hawthorne Plce</b>		Street Address <b>79 Hawthorne Plce</b>	
City <b>N. Paw.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. Paw.</b>
State <b>RI</b>	Zip <b>02904</b>		
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Leash GASPAL</b>		Director Name	
Street Address <b>79 Hawthorne Plce</b>		Street Address	
City <b>N. Paw.</b>	State <b>RI</b>	Zip <b>02904</b>	City
State <b>RI</b>	Zip <b>02904</b>		
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip		
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <b>500</b>	
Changes require an additional filing.		CLASS/SERIES <b>COM</b>	
		PAR VALUE <b>0.01</b>	
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 <b>James S. GASPAL JR</b>		Date <b>3.21.23</b>	
Signature of Authorized Representative <i>James S. Gaspal Jr</i>		FILED	

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

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BY 3264

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