



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023  
Corporation

APR 05 2023  
BY 15192  
ES

- 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 <b>20133</b>		2. Exact name of the Corporation <b>Pleasantville Flower Shop Inc.</b>			
3. Principal Office Address <b>94A Main Street</b>		City <b>Wakefield</b>		State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>453110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Retail Florist</b>			
5. State of Incorporation <b>R.I.</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>MEREDITH MASSON</b>			Vice-President Name <b>NONE</b>		
Street Address <b>90 MAIN ST.</b>			Street Address		
City <b>Wakefield</b>		State <b>RI</b>	Zip <b>02879</b>	City	
Secretary Name		Treasurer Name			
Street Address		Street Address			
City		State	Zip	City	
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>NONE</b>			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
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	CLASS/SERIES	PAR VALUE
Changes require an additional filing.			<b>100</b>		<b>NONE</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.					
<b>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.</b>					
Name of Authorized Representative <b>Meredith Masson</b>				Date <b>4-1-2023</b>	
Signature of Authorized Representative <b>Meredith Masson</b>					

MAIL TO:  
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