



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.

FILED

APR 13 2023

BY 09166

STAMP

SECRETARY OF STATE
JANUARY

1. Entity ID Number 17402		2. Exact name of the Corporation Perry's Nurseries, Inc.			
3. Principal Office Address 500 Metacom Avenue		City Bristol		State RI	Zip 02809
4. NAICS Code 561730	6. Brief description of the character of business conducted in Rhode Island Landscape, nursery services and sale of florist products.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph A. Perry, Jr.			Vice-President Name Joan E. Perry		
Street Address 106 Ferry Road			Street Address 106 Ferry Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Joseph A. Perry, Jr.			Treasurer Name Joseph A. Perry, Jr.		
Street Address 106 Ferry Road			Street Address 106 Ferry Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph A. Perry, Jr.			Director Name		
Street Address 106 Ferry Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 300	CLASS/SERIES Common	PAR VALUE 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 Joseph A. Perry, Jr.				Date 3/29/2023	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023