



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR **2023**:** 2023

**1. Corporate ID No.** 000018362

**2. Name of Corporation** WINDY HILL NURSERIES, INC.

**3. Street Address Principal Business Office:**

No. and Street: 52 W MAIN RD  
City or Town: LITTLE COMPTON State: RI Zip: 02837-1352 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

561730

**6. Brief Description of the Character of Business Conducted in Rhode Island**

LANDSCAPING

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CAROLYN L. FARIA	52 WEST MAIN ROAD LITTLE COMPTON, RI 02837 USA
PRESIDENT	CAROLYN FARIA	52 W MAIN RD LITTLE COMPTON, RI 02837-1352 USA
PRESIDENT	CAROLYN L FARIA	52 WEST MAIN ROAD LITTLE COMPTON, RI 02837

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	200.00	0

**9. 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.**

**Signed this 15 Day of June, 2023 at 1:19:09 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By CAROLYN L FARIA

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved