



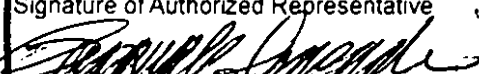
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIL
FEB 22 2024
BY 19574

1. Entity ID Number 58699		2. Exact name of the Corporation C. Imondi & Son Florist, Inc.			
3. Principal Office Address 182 Smithfield Avenue		City Pawtucket	State RI	Zip 02860	
4. NAICS Code 453110		6. Brief description of the character of business conducted in Rhode Island Florist			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Pasquale Imondi		Vice-President Name Patricia D. Pascale			
Street Address 182 Smithfield Avenue		Street Address 182 Smithfield Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Pasquale Imondi		Treasurer Name Kathleen V. Imondi			
Street Address 182 Smithfield Avenue		Street Address 182 Smithfield Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Pasquale Imondi		Director Name Kathleen V. Imondi			
Street Address 182 Smithfield Avenue		Street Address 182 Smithfield Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Patricia D. Pascale		Director Name Ernest Pascale			
Street Address 182 Smithfield Avenue		Street Address 182 Smithfield Avenue			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
9. Shares Authorized		10. Shares Issued		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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		2000		Common	No Par Value
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 Pasquale Imondi, President				Date 1/10/2024	
Signature of Authorized Representative 					

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