



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.

FILED

MAR 12 2024

BY 24272  
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1. Entity ID Number <b>534272</b>		2. Exact name of the Corporation <b>Forest Hills Nurseries Corp.</b>			
3. Principal Office Address <b>400 Aqueduct Road</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02910</b>
4. NAICS Code <b>444220</b>		6. Brief description of the character of business conducted in Rhode Island  <b>Operation of a nursery</b>			
5. State of Incorporation <b>Rhode Island</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>Alan M. Muoio</b>			Vice-President Name <b>David A. Muoio</b>		
Street Address <b>400 Aqueduct Road</b>			Street Address <b>400 Aqueduct Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>David A. Muoio</b>			Treasurer Name <b>Alan M. Muoio</b>		
Street Address <b>400 Aqueduct Road</b>			Street Address <b>400 Aqueduct Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
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	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>200</b>	<b>Common</b>	<b>No par value</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>Alan M. Muoio</b>					Date <b>2/6/24</b>
Signature of Authorized Representative 					