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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation2024

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 3895		2. Exact name of the Corporation Central Nurseries Inc.			
3. Principal Office Address 1155 Atwood Avenue			City Johnston	State Ri	Zip 02919
4. NAICS Code 561730		6. Brief description of the character of business conducted in Rhode Island Landscape, gardeners, nurserymen and other permitted purpose at law.			
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 Paul Pagliarini			Vice-President Name James Pagliarini		
Street Address 1155 Atwood Avenue			Street Address 1155 Atwood Avenue		
City Johnston	State Ri	Zip 02919	City Johnston	State Ri	Zip 02919
Secretary Name James Pagliarini			Treasurer Name Paul Pagliarini		
Street Address 1155 Atwood Avenue			Street Address 1155 Atwood Avenue		
City Johnston	State Ri	Zip 02919	City Johnston	State Ri	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul Pagliarini			Director Name Gregory Pagliarini		
Street Address 1155 Atwood Avenue			Street Address 1155 Atwood Avenue		
City Johnston	State Ri	Zip 02919	City Johnston	State Ri	Zip 02919
Director Name James Pagliarini			Director Name		
Street Address 1155 Atwood Avenue			Street Address		
City Johnston	State Ri	Zip 02919	City	State	Zip
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		
			Common		
			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 Paul Pagliarini					Date 3/28/24
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

APR 24 2024
BY IML 9354