	State of Rh Office of the Se	cretary of State	Fee: \$20.00	
	Division Of Bu	iver Street		
	Providence R			
7636	(401) 22			
Non-Profit Corporation Annual Report Filing Period: February 1				
	.L. 7-6-94, each corporation a ime prescribed by law (R.I.G.			
ANNUAL REPORT YEAI	R - ENTER THE CURRENT YE	<b>AR 2024</b> : <u>2024</u>		
1. Corporate ID No.	001677844			
2. Name of Corporation <u>What Cheer Flower Farm</u>				
3. State of Incorporation	on			
State: <u>RI</u>				
	NAICS C	ODE		
primary type of activity i populate a NAICS Code	eled NAICS Code below, sele in which your entity engages. based on the chosen selection ther assistance with selecting	The box to the right of the on. If the NAICS Code is ki	e dropdown will	
NAICS Code				
<u>111421</u>				
4. Principal Office Add	ress			
No. and Street: 63	MAGNOLIA STREET			
	<u>OVIDENCE</u>	State: <u>RI</u> Zip: <u>02909</u>	Country: <u>USA</u>	
5. Brief Description of t	he Character of the Affairs (	Conducted in Rhode Island	d	
SPECIFICALLY THE	PURPOSE OF THE ORGA	NIZATION SHALL BE	FO GROW,	
COLLECT AND DONATE FLOWER BOUQUETS TO CITIZENS OF RHODE ISLAND				
WHO ARE SICK, ELDERLY, IMPOVERISHED AND/OR OTHERWISE IN NEED OF THE				
BEAUTY AND SOLA	<u>CE FLOWERS PROVIDE.</u>			
6. Names and Address	es of the Officers and Direct	ors:		
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARGARET REAGAN DUPONT	6 DARTMOUTH STREET NEWPORT, RI 02840 USA
DIRECTOR	ROBERT MATTHEWS	32 EDGEHILL ROAD PROVIDENCE, RI 02906 USA
EXECUTIVE DIRECTOR	SHANNON BRAWLEY	52 COLUMBIA AVE UNIT 2 CRANSTON, RI 02905 USA
DIRECTOR	ED NEUBAUER	20 CRESTON WAY PROVIDENCE, RI 02906 USA

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ANNE H. HOLLAND 63 MAGNOLIA STREET PROVIDENCE , RI 02909

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 2 Day of May, 2024 at 2:22:52 PM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

## By MARGARET DUPONT

Signature of Authorized Person

Form No. 631 Revised 09/07

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