



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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

JAN 02 2025

BY

15421

1. Entity ID Number <u>000020133</u>		2. Exact name of the Corporation <u>Pleasant RIES Flower Shop INC</u>	
3. Principal Office Address <u>94A Main Street</u>		City <u>Wakefield</u>	State <u>RI</u>
		Zip <u>02879</u>	
4. NAICS Code <u>453110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Retail Florist</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Meredith MASSON</u>		Vice-President Name <u>NONE</u>	
Street Address <u>90 Main St</u>		Street Address	
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	
Secretary Name		Treasurer Name <u>NONE</u>	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	Zip	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
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/SHARES
		<u>1000</u>	<u>100</u>
		PAR VALUE	<u>-0-</u>
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. <u>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.</u>			
Name of Authorized Representative <u>Meredith Masson</u>		Date <u>12/28/2024</u>	
Signature of Authorized Representative <u>Meredith Masson</u>			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov