



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

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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 ☐					
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>	City	State	Zip
Secretary Name			Treasurer Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/STOCKS	PAR VALUE
		<u>1000</u>	<u>100</u>	<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>					