



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
STAMP**
FEB 03 2025
BY 9162 AA

1. Entity ID Number 143474		2. Exact name of the Corporation FLOWERS BY SEMIA, INC.			
3. Principal Office Address 1 SIMS AVENUE, SUITE 105			City PROVIDENCE		State RI
			Zip 02909		
4. NAICS Code 453110		6. Brief description of the character of business conducted in Rhode Island TO OWN, MANAGE, AND OPERATE A FLOWER SHOP BUSINESS.			
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 SEMIA DUNNE			Vice-President Name		
Street Address 27 DUCARL DRIVE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name SEMIA DUNNE			Treasurer Name SEMIA DUNNE		
Street Address 27 DUCARL DRIVE			Street Address 27 DUCARL DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 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	
		100		COMMON	
		PAR VALUE		\$0.01	
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 SEMIA DUNNE					Date 2-1-25
Signature of Authorized Representative 					