



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.

FIELD STAMP

FEB 18 2025

BY 8927

1. Entity ID Number 124431		2. Exact name of the Corporation ROSE BUD FLORIST, INC.												
3. Principal Office Address 350 Benefit Street			City Pawtucket	State RI	Zip 02861									
4. NAICS Code 453110		6. Brief description of the character of business conducted in Rhode Island TO BUY AND SELL FLOWERS, PLANTS, FLORAL ARRANGEMENTS, KNICK-KNACKS, SOUVENEIRS AND GIFTS												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name MANUEL MOURAO			Vice-President Name N/A											
Street Address 2 Medberry Lane			Street Address											
City Rehoboth	State MA	Zip 02769	City	State	Zip									
Secretary Name MANUEL MOURAO			Treasurer Name MANUEL MOURAO											
Street Address 2 Medberry Lane			Street Address 2 Medberry Lane											
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name MANUEL MOURAO			Director Name											
Street Address 2 Medberry Lane			Street Address											
City Rehoboth	State MA	Zip 02769	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE			
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100	COMMON	NO PAR VALUE												
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 MANUEL MOURAO, PRESIDENT				Date February 18, 2025										
Signature of Authorized Representative 														