

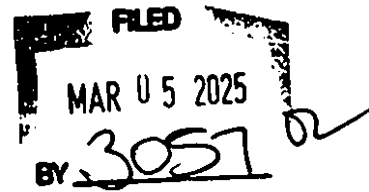


State of Rhode Island
Department of State - Business Services Division

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.



| | | | | | |
|---|-------------|--|--|--|--|
| 1. Entity ID Number 000160391 | | 2. Exact name of the Corporation Atwood Greenhouses, Inc. | | | |
| 3. Principal Office Address 700 Atwood Avenue | | | City Cranston | State RI | Zip 02920 |
| 4. NAICS Code 444220 | | 6. Brief description of the character of business conducted in Rhode Island Greenhouse 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 Michael J. Macera | | | Vice-President Name Elizabeth G. Macera | | |
| Street Address 700 Atwood Avenue | | | Street Address 700 Atwood Avenue | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| Secretary Name Michael J. Macera | | | Treasurer Name Michael J. Macera | | |
| Street Address 700 Atwood Avenue | | | Street Address 700 Atwood Avenue | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02920 |
| 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 | |
| | | 500 | 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 Michael J. Macera | | | | Date 2/28/25 | |
| Signature of Authorized Representative | | | | | |