

State of Rhode Island

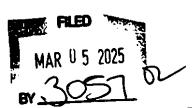
Department of State - Business Services Division

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		2. Exact name of the Corporation					
000160391	Atwood	Atwood Greenhouses, Inc.					
3. Principal Office Address 700 Atwood Avenue			City	ton	State RI	Z _{IP} 02920	
4. NAICS Code	6 Brief descr	6 Brief description of the character of business conducted in Rhode Island					
444220	Greenhou	Greenhouse business					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Michael J. Macera			Vice-President Name #lizabeth G. Macera				
Street Address 700 Atwood Avenue			Street Address 700 Atwood Avenue				
City Cranston	State RI	^{Zıp} 02920	City Cra	nston	State RI	7.ip 02920	
Secretary Name Michael J. Macera			Treasurer Name Michael J. Macera				
Street Address 700 Atwood Avenue			Street Address 700 Atwood Avenue				
^{C ty} Cranston	State RI	^{Z p} 02920	City Cranston		State RI	z₂ 02920	
8. List ALL directors (names and	addresses)			Check th	ne box to indicate	an attachment 📋	
Director Name			Director Na	ame			
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Ζp	
		10. Shares Issi	Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE				
Department of State. Changes require an additional filling.		500	<u> </u>	Common		No Par Value	
11. This report must be executed ceiver or trustee, this report must					orporation is in the	e hands of a re-	
Under penalty of perjury, I dec	lare and affirm t	hat I have examine	ed this repo	rt, including any ac	companying sch	nedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Michael J. Macera 2/28 7.5							
Signature of Authorized Represe	entative!	-					

MAIL TO:

Division of Business Services

148 W River Street Providence Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov