



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2019
 Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

| | |
|-------------------------------------|---|
| 1. Entity ID Number 87776 | 2. Exact name of the Corporation Island Garden Shop, Inc. |
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| | | | |
|---|---------------------------|--------------------|---------------------|
| 3. Principal Office Address 54 Bristol Ferry Road | City Portsmouth | State RI | Zip 02871 |
|---|---------------------------|--------------------|---------------------|

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| 4. NAICS Code 444220 | 6. Brief description of the character of business conducted in Rhode Island To own and operate a wholesale and retail garden shop and facility. |
| 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 Martin Van Hof | | Vice-President Name Thomas Van Hof | | | |
| Street Address 54 Bristol Ferry Road | | Street Address 54 Bristol Ferry Road | | | |
| City Portsmouth | State RI | Zip 02871 | City Portsmouth | State RI | Zip 02871 |
| Secretary Name Peter Van Hof | | Treasurer Name David Van Hof | | | |
| Street Address 54 Bristol Ferry Road | | Street Address 54 Bristol Ferry Road | | | |
| City Portsmouth | State RI | Zip 02871 | City Portsmouth | State RI | Zip 02871 |

| | | | | | |
|---|-------|-----------------------------|------|-------|-----|
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name N/A | | Director Name N/A | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Director Name N/A | | Director Name N/A | | | |
| 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 Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | |
|--|--|------------------|--------------|-----------|------------|---------------|---------------|--|--|--|
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | Common | No Par | | | |
| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | |
| 100 | Common | No Par | | | | | | | | |
| | | | | | | | | | | |

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 Martin Van Hof, President | Date 1/18/19 |
|---|------------------------|

| | |
|--|----------------------------|
| Signature of Authorized Representative | SIGN DOCUMENT FILED |
|--|----------------------------|

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 24 2019

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