



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

FILED

MAR 01 2019
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BY 18403 DS

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.

1. Entity ID Number 33655		2. Exact name of the Corporation ARROW FLORIST, INC.			
3. Principal Office Address 757 Park Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 444220		6. Brief description of the character of business conducted in Rhode Island Wholesale foilage to sell to the general public.			
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 Donald B. Pagliarini			Vice-President Name Donald B. Pagliarini		
Street Address 757 Park Avenue			Street Address 757 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Donald B. Pagliarini			Treasurer Name Donald B. Pagliarini		
Street Address 757 Park Avenue			Street Address 757 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donald B. Pagliarini			Director Name None		
Street Address 757 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name None			Director Name None		
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	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 Donald B. Pagliarini					Date 2-25-19
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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