



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

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.

FILED

MAR 18 2019

BY 2529

1. Entity ID Number 6620		2. Exact name of the Corporation The Flower Pot, Inc.			
3. Principal Office Address 360 East Avenue			City Warwick	State RI	Zip 02886
4. NAICS Code 453110		6. Brief description of the character of business conducted in Rhode Island Flowers and Gifts			
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 Leslie N. Andreozzi			Vice-President Name Leslie N. Andreozzi		
Street Address 18 Herbert Street			Street Address 18 Herbert Street		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Secretary Name Leslie N. Andreozzi			Treasurer Name Leslie N. Andreozzi		
Street Address 18 Herbert Street			Street Address 17 Herbert Street		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Leslie N. Andreozzi			Director Name		
Street Address 18 Herbert Street			Street Address		
City Warwick	State RI	Zip 02818	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/RIES	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. <i>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.</i>					
Name of Authorized Representative Leslie N. Andreozzi, President					Date 3/15/19
Signature of Authorized Representative Leslie N. Andreozzi pres.					

MAIL TO:
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