



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

STAMP

STATE OF RHODE ISLAND
 DEPARTMENT OF STATE
 PROVIDENCE, RHODE ISLAND

Annual Report for the year: 2020 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 87776		2. Exact name of the Corporation Island Garden Shop, Inc.			
3. Principal Office Address 54 Bristol Ferry Road		City PORTSMOUTH		State RI	Zip 02871
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 170 BULLSARUM HIGH RD			Street Address 54 Bristol Ferry Road		
City PORTSMOUTH TIVERTON		State RI	Zip 02878	City PORTSMOUTH	
Secretary Name PETER VAN HOF		Treasurer Name DAVID VAN HOF			
Street Address 54 Bristol Ferry Road 20 SOUTH HILLVIEW DR.			Street Address 54 Bristol Ferry Road 254 FAIRWOOD DR		
City PORTSMOUTH WARREN		State RI	Zip 02871 02882	City PORTSMOUTH TIVERTON	
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	
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City		State	Zip	City	
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	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 January 27, 2020	
Signature of Authorized Representative <i>Martin Van Hof</i>				FILED KM	

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

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