

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 569149	2. Exact nat Organic	2. Exact name of the limited liability company Organic Grow Hut, LLC					
3. State of Formation  Rhode Island		Brief description of the character of business conducted in Rhode Island     Gardening					
5. Principal office address 378 Putnam Pike, #			City Smtihfield	State RI	Zip <b>02917</b>		
5, MAILING ADDRESS OF Contact Name Timothy Gagnon			NAME OR TITLE OF CONTACT PERSON:  Contact Title  Member				
Street Address 6 Sweet Road				State RI	Zip <b>02917</b>		
7: LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD MENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	FAPPLICABLE - DO	NOT LIST MEMBERS		
√anager Name		Manager Name					
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	1-1-1-1		retary of State, Changes require				

File Date	FILED	Under penalty of perjury, I declare and affirm that I had this report, including any accompanying schedules a and that all statements contained herein are true and	and statements.
Check No.	SEP 1 1/2012	Signature of Authorized Person	8/3//a
FOR SECRETARY OF STATE USE ONE	dlul	Timothy Gagnon	
		Print or Type Name of Authorized Person	<del></del>

Form No. 632 Revised: 01/2012