

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 2013

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.

3. State of Formation Rhode Island 4. Brief description of the character of business conducted in Rhode Island Gardening 5. Principal office address 375 Putnam Pike #13 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Name Contact Title Member Street Address 6 Sweet Road 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Manager Name Manager Name Street Address City State Zip Manager Name Street Address Street Address City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip Manager Name	1. Entity ID No.		Exact name of the limited liability company Organic Grow Hut, LLC					
Rhode Island 5. Principal office address 375 Putnam Pike #13 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Timothy Gagnon Street Address 6 Sweet Road 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address C''. State 7 in City State Zip Manager Name Manager Name Street Address Street Address C''. State Zip Manager Name Street Address Street Address City State Zip Manager Name Manager Name Street Address Street Address City State Zip Manager Name Street Address Street Address	569149				4.00			
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8. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address				
	City	State	Zip	City	State	Zip		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.								
	This information is currer	ntly of record in the	e Office of the Sec	retary of State, Changes require	filing Form 642.			

FILED

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File Date	Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statemed and that all statements contained herein are true and correct.	ed en
Check No	Signature of Authorized Person Date	6
FOR SECRETARY OF STATE USE ONLY	Timothy Gagnon Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012