



State of Rhode Island and Providence Plantations

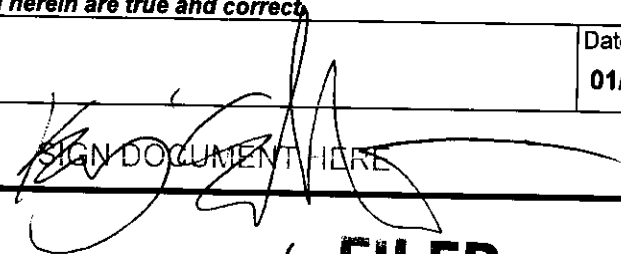
## Department of State - Business Services Division

Annual Report for the year: ~~2015~~ 2016  
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 <b>000581422</b>		2. Exact name of the Corporation <b>Nextdoorganics, Inc.</b>	
3. Principal Office Address <b>8 Collins Lane</b>		City <b>Scituate</b>	State <b>RI</b>
		Zip <b>02857</b>	
4. Business Phone Number <b>5162339754</b>		5. State of Incorporation <b>RI</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Business in RI is currently on hold - will offer e-commerce marketplace for food product vendors</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Joshua Cook</b>		Vice-President Name <b>Kris Schumacher</b>	
Street Address <b>1590 N Smith Drive</b>		Street Address <b>27 Opal St</b>	
City <b>Genoa</b>	State <b>OH</b>	City <b>Elmont</b>	State <b>NY</b>
Zip <b>43430</b>		Zip <b>11003</b>	
Secretary Name <b>Joshua Cook</b>		Treasurer Name <b>Kris Schumacher</b>	
Street Address <b>1590 N Smith Drive</b>		Street Address <b>27 Opal St</b>	
City <b>Genoa</b>	State <b>OH</b>	City <b>Elmont</b>	State <b>NY</b>
Zip <b>43430</b>		Zip <b>11003</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Joshua Cook</b>		Director Name <b>Kris Schumacher</b>	
Street Address <b>1590 N Smith Drive</b>		Street Address <b>27 Opal St</b>	
City <b>Genoa</b>	State <b>OH</b>	City <b>Elmont</b>	State <b>NY</b>
Zip <b>43430</b>		Zip <b>11003</b>	
9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>2000</b>	CLASS/SERIES <b>CNP</b>
		PAR VALUE <b>\$0.000</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>Kris Schumacher</b>		Date <b>01/10/2017</b>	
Signature of Authorized Representative 			

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 23 2017

BY



FORM 630 - Revised: 05/2016