RI SOS Filing Number: 201747676750 Date: 7/27/2017 8:59:00 AM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SYCS DIV

Annual Report for the year: 2017
Limited Liability Company

2017 JUL 27 AM 8: 55

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Evert name of the Limited Lieblith. On					
569149	2. Exact name of the Limited Liability Company					
J03143	Organic Grow Hut, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
81 - Other Services (except Pi	Gardening					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
375 Putnam Pike #13			Smithfield	RI	02917	
7. Mailing Address of Limited Lia	bility Compar	ny and Name o				
Contact Name Timothy Gagnon			Contact Title Member	Contact Title Member		
Street Address 6 Sweet Road			City Smithfield	State RI	<sup>Zip</sup> 02917	
8. List ALL managers (names an	d addresses	of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST I	MEMBERS	
Manager 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	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Island	d. This informa	ition is currently o	of record with the Department of Sta	ite. Changes require filing	g Form 642,	
Under penalty of perjury, I decl statements, and that all stateme	are and affir	m that I have o	examined this report, includin			
Name of Authorized Person Date						
Timothy Gagnon				7-8	27-17	
Signature of Authorized Person SIGN DOCUMENT HERE						

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 -

JUL 27 2017

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BY On 309083