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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: 2016
Limited Liability Company

2017 JUL 27 AM 8: 55

Limited Liability Company

→ 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 <b>569149</b>	Exact name of the Limited Liability Company     Organic Grow Hut, LLC					
3. NAICS Code 81 - Other Services (except Pi	Brief description of the character of business conducted in Rhode Island     Gardening					
State of Formation     Rhode Island						
6. Principal Office Address 375 Putnam Pike #13			City Smithfield	State RI	Zip 02917	
7. Mailing Address of Limited Lia	bility Compan	y and Name or Ti				
Contact Name Timothy Gagnon			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 Lia	ability Company, IF APPLICA	BLE - DO NOT LIST M	EMBERS	
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	
			<u></u>	Check the box to inc	dicate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.						
Under penalty of perjury, I decl statements, and that all statem	are and affirm ents contains	n that I have exa ed herein are tru	nmined this report, including and correct.	ng any accompanying	schedules and	
Name of Authorized Person Timothy Gagnon				Date 7-29-(2		
Signature of Authorized Pelson 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

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