RI SOS Filing Number: 201747677180 Date: 7/27/2017 8:57:00 AM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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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	2. Exact name of the Limited Liability Company					
569149	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 Lial	bility Compa	any and Name o			<b>!</b>	
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	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			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						
Under penalty of perjury, I declar statements, and that all statements	are and affi ents contail	rm that I have e ned herein are	examined this report, including true and correct.	g any accompanying	g schedules and	
Name of Authorized Person			······································	Date	- 2 / 1	
Timothy Gagnon				7-	27-17	
Signature of Authorized Person		CION	. 1 Pm/s/4/ /// 1 3 # # # # # 1 3 em #			
- Junelly Sa	mer	- SIGI	N 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 & 815?

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