



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2017  
 Corporation

*\$75*

- 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>1268040</b>		2. Exact name of the Corporation <b>THE STRAIN STATION INC.</b>			
3. Principal Office Address <b>8 FIELD SIDE DR</b>		City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	
4. NAICS Code <b>9886</b>		6. Brief description of the character of business conducted in Rhode Island <b>MEDICAL MARIJUANA</b>			
5. State of Incorporation <b>RI</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>BRIAN SULLIVAN</b>			Vice-President Name		
Street Address <b>8 FIELD SIDE DR.</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name			Treasurer Name <b>BRIAN SULLIVAN</b>		
Street Address			Street Address <b>SAME</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <b>1000</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>.01</b>	<b>COMMON</b>	<b>0</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. 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.					
Name of Authorized Representative <b>BW Sullivan</b>				Date <b>8/21/17</b>	
Signature of Authorized Representative					

**FILED**

**AUG 24 2017**

BY *[Signature]*