	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Cor Annual Report Filing Period: September			
	L. 7-16-66(d), each limited liability comp hin thirty (30) days after the time prescr a penalty fee of \$25.00.		
ANNUAL REPORT YEAR	R: <u>2017</u>		
1. ID No. <u>00165808</u>	38		
2. Exact Name of the Limited Liability Company <u>ECOTULIPS.COM LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary long information on <u>NAICS</u> can be found		y the entity. Download
<u>111422</u>			
		is Actually Conduct	ad in Dhada Jaland
4. Brief Description of t	he Character of the Business Which	is Actually conduct	ted in Rhode Island
	he Character of the Business Which	-	ied in Knode Island
	L FLOWERS AND FLOWER BUL	-	
WE GROW AND SEL 5. Principal Office Addr No. and Street: 59 Al	L FLOWERS AND FLOWER BUL ress D EVERGREEN ST PT1	<u>BS</u>	
WE GROW AND SEL 5. Principal Office Addr No. and Street: 59 All	<u>L FLOWERS AND FLOWER BUL</u> ress 9 EVERGREEN ST	<u>BS</u>	Country: <u>USA</u>
WE GROW AND SEL 5. Principal Office Addr No. and Street: 59 Al City or Town: PI	L FLOWERS AND FLOWER BUL ress D EVERGREEN ST PT1	<u>BS</u> <u>I</u> Zip: <u>02906</u>	Country: <u>USA</u>
WE GROW AND SEL 5. Principal Office Addr No. and Street: 59 Al City or Town: PI 6. Mailing Address of L Contact Name: MR Contact	L FLOWERS AND FLOWER BUL ress <u>PEVERGREEN ST</u> <u>PT1</u> <u>ROVIDENCE</u> State: <u>R</u> .imited Liability Company and Name ntact Title: <u>JEROEN KOEMAN</u> <u>EVERGREEN ST</u>	<u>BS</u> <u>I</u> Zip: <u>02906</u>	Country: <u>USA</u>
WE GROW AND SEL 5. Principal Office Addr No. and Street: 59 All City or Town: PI 6. Mailing Address of L Contact Name: MR Contact No. and Street: 59 AP	L FLOWERS AND FLOWER BUL ress <u>PEVERGREEN ST</u> <u>PT1</u> <u>ROVIDENCE</u> State: <u>R</u> .imited Liability Company and Name ntact Title: <u>JEROEN KOEMAN</u> <u>EVERGREEN ST</u>	<u>BS</u> <u>I</u> Zip: <u>02906</u> or Title of Contact I	Country: <u>USA</u>
WE GROW AND SEL5. Principal Office AddrNo. and Street:59AIAICity or Town:PH6. Mailing Address of LContact Name:MR ConNo. and Street:59APAPCity or Town:PH	L FLOWERS AND FLOWER BUL ress D EVERGREEN ST PT1 ROVIDENCE State: <u>R</u> .imited Liability Company and Name ntact Title: <u>JEROEN KOEMAN</u> <u>EVERGREEN ST</u> T1 OVIDENCE State: <u>F</u> of Each Manager of the Limited Liab	<u>BS</u> <u>I</u> Zip: <u>02906</u> or Title of Contact I <u>RI</u> Zip: <u>20906</u>	Country: <u>USA</u> Person: Country: <u>USA</u>
WE GROW AND SEL 5. Principal Office Addr No. and Street: 59 Al City or Town: PH 6. Mailing Address of L Contact Name: MR Cool No. and Street: 59 AP City or Town: PR	L FLOWERS AND FLOWER BUL ress D EVERGREEN ST PT1 ROVIDENCE State: <u>R</u> .imited Liability Company and Name ntact Title: <u>JEROEN KOEMAN</u> <u>EVERGREEN ST</u> T1 OVIDENCE State: <u>F</u> of Each Manager of the Limited Liab	<u>BS</u> <u>I</u> Zip: 02906 or Title of Contact I <u>RI</u> Zip: 20906 ility Company, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u>

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JEROEN KOEMAN 59 EVERGREEN STREET, APT. 1 PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 16 Day of September, 2017 at 1:00:37 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JEROEN KOEMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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