



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- 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 001668403		2. Exact name of the Corporation Mammoth Incorporated			
3. Principal Office Address 187 Chestnut St			City Wawick	State RI	Zip 02888
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Medical Marijuana Cultivation			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Spencer Blier			Vice-President Name None		
Street Address 103 Blade St.			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Connor Blier			Treasurer Name None		
Street Address 1 Hall st.			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		A	1
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 Spencer Blier				Date 9/11/2018	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

SEP 13 2018
BY 1397 DS FORM 630 - Revised: 10/2017