



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

Annual Report for the year: 2017
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.

STAMP

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2018 DEC 11 AM 10:11

1. Entity ID Number 1481154		2. Exact name of the Limited Liability Company Canna Pharm RI LLC			
3. NAICS Code 115115		4. Brief description of the character of business conducted in Rhode Island Agriculture			
5. State of Formation Rhode Island					
6. Principal Office Address 770 Main Street		City West Warwick	State RI	Zip 02893	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Scott Scofield		Contact Title			
Street Address 38 Salem Drive		City North Providence	State RI	Zip 02904	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment <input type="checkbox"/>					
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 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 Person Scott Scofield				Date 11-13-18	
Signature of Authorized Person 				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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