



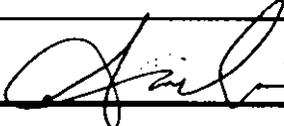
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2016
 Corporation

2018 DEC 21 AM 10:54

- 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 748380		2. Exact name of the Corporation Fully Rooted Inc.			
3. Principal Office Address 331 Washington street			City West Warwick	State RI	Zip 02893
4. NAICS Code 311421		6. Brief description of the character of business conducted in Rhode Island Fruit / vegetable cold pressed juicing company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Angelo Mollis			Vice-President Name Amanda Repose		
Street Address 331 Washington Street			Street Address 331 Washington Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Benjamin Aaluk			Treasurer Name		
Street Address 333 Blue Ridge Drive			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000		0.00
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 Angelo Mollis				Date 12/21/2018	
Signature of Authorized Representative 				FILED 	