



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

FEB 11 2019

BY 1144

1. Entity ID Number <b>001680699</b>		2. Exact name of the Corporation <b>GrowGeneration Rhode Island Corp</b>	
3. Principal Office Address <b>1000 West Mississippi Ave</b>		City <b>Denver</b>	State <b>CO</b>
		Zip <b>80223</b>	
4. NAICS Code <b>444220</b>	6. Brief description of the character of business conducted in Rhode Island <b>Sales of hydroponic and garden supplies</b>		
5. State of Incorporation <b>DE</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>Darren Lampert</b>		Vice-President Name	
Street Address <b>1000 West Mississippi Ave</b>		Street Address	
City <b>Denver</b>	State <b>CO</b>	Zip <b>80223</b>	
Secretary Name <b>Monty Lamirato</b>		Treasurer Name	
Street Address <b>1000 West Mississippi Ave</b>		Street Address	
City <b>Denver</b>	State <b>CO</b>	Zip <b>80223</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Darren Lampert</b>		Director Name <b>Michael Salaman</b>	
Street Address <b>1000 West Mississippi Ave</b>		Street Address <b>1000 West Mississippi Ave</b>	
City <b>Denver</b>	State <b>CO</b>	Zip <b>80223</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES <b>5,000,000</b>	CLASS/SERIES <b>Common</b>
		PAR VALUE <b>\$ .001</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>Monty Lamirato</b>		Date <b>2/7/2019</b>	
Signature of Authorized Representative 			

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