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 STAMP
FEB 11 2019
BY 1144

1. Entity ID Number	2. Exact name of the Corporation
001680699	GrowGeneration Rhode Island Corp

3. Principal Office Address	City	State	Zip
1000 West Mississippi Ave	Denver	CO	80223

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
444220	Sales of hydroponic and garden supplies
5. State of Incorporation	
DE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Darren Lampert			Vice-President Name:		
Street Address: 1000 West Mississippi Ave			Street Address:		
City: Denver	State: CO	Zip: 80223	City:	State:	Zip:
Secretary Name: Monty Lamirato			Treasurer Name:		
Street Address: 1000 West Mississippi Ave			Street Address:		
City: Denver	State: CO 80223	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Darren Lampert			Director Name: Michael Salaman		
Street Address: 1000 West Mississippi Ave			Street Address: 1000 West Mississippi Ave		
City: Denver	State: CO	Zip: 80223	City: Denver	State: CO	Zip: 80223
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	5,000,000	Common	$.001

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	Date
Monty Lamirato	2/7/2019

Signature of Authorized Representative: Monty Lamirato

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

FORM 630 - Revised: 10/2017