



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

Annual Report for the year: 2018
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.

FILED

MAY 28 2019

BY 1017DS

1. Entity ID Number 001678530		2. Exact name of the Limited Liability Company New England Medicinals, LLC	
3. NAICS Code 325411		4. Brief description of the character of business conducted in Rhode Island Medicinal product manufacturer	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 94 CHAMBLY AVE		City WARWICK	State RI Zip 02888
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name MICHAEL P ROSE		Contact Title VP	
Street Address 45 NORWOOD AVE		City MILFORD	State CT Zip 06460
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager II	
Street Address		Street Address	
City	Zip	City	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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 MICHAEL P ROSE		Date 5/22/2019	
Signature of Authorized Person		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov