



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

Annual Report for the year: 2019
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
 OCT 23 2019 *W*
W004

1. Entity ID Number 001684704		2. Exact name of the Limited Liability Company 4/20 365/247, LLC			
3. NAICS Code 424990		4. Brief description of the character of business conducted in Rhode Island Wholesale business selling vape and CBD products.			
5. State of Formation Rhode Island					
6. Principal Office Address 1483 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jennifer Leisenring			Contact Title		
Street Address 1483 Mineral Spring Avenue		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 Jennifer Leisenring			Date 10/09/2019		
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov