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R.I. DEPT. OF STATE BUS THE DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

· 2020 MAR 13 P 3: 24

Annual Report for the year: **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.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001670692	OCEAN GROWN FARMS, UC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
424930	MEACAL MARIJUANA CUSTUATOR				
5. State of Formation]				
Pettope Islamo					
6. Principal Office Address			City	State	Zip
60 PATMON ST #Z			PROVIDENCE	PJ	02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name BRAN MENAM			Contact Title		
Street Address (20 PITMAN ST. #2			City PROVIDENCE	State	2ip 02906
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name BRAN MCENANY Street Address			Manager Name		
GO PIOMON ST #2			Street Address		
CITY PROVIDENCE	State PT	2ip 02906	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
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.					
				Date	
BRUAN MCENANY 3/13/20					
Signature of Authorized Person					
BPME					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED MAR 1 3 2020

BY Ch BM2NP

FORM 632 - Revised: 10/2017