State of Rhode Island and Providence Plantations Fee: \$50.00 Office of the Secretary of State					
Division Of Business Services					
148 W. River Street					
Providence RI 02904-2615 (401) 222-3040					
(101) 222 3010					
Business Corporation					
Annual Report Filing Period: January 1 - March 1					
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501					
(c&d)) is subject to a penalty fee of \$25.00.					
ANNUAL REPORT YEAR: 2020					
1. Corporate ID No. 001024133					
2. Name of Corporation <u>MEDICI PRODUCTS + SOLUTIONS, INC</u>					
3. Street Address Principal Business Office:					
No. and Street: <u>5 MINNESOTA AVENUE</u>					
UNIT 7					
City or Town:WARWICKState: RIZip: 02886Country: USA					
4. Business Phone No.					
<u>4013743862</u>					
5. State of Incorporation					
State: RI					
ARTICLE III					
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.					
<u>115112</u>					
6. Brief Description of the Character of Business Conducted in Rhode Island					
TO OWN AND OPERATE A CULTIVATION CENTER WITH A MEDICAL					
MARIJUANA CULTIVATOR'S LICENSE AUTHORIZED UNDER CHAPTER 21-28.6 OF THE RHODE ISLAND GENERAL LAWS ENTITLED "THE EDWARD O. HAWKINS AND THOMAS					
C. SLATER MEDICAL MARIJUANA ACT," AS AMENDED INCLUDING AMENDMENT BY					
THE 2016 PUBLIC LAWS, CHAPTER 142 (BUDGET ARTICLE 14), TO PROVIDE SUCH					
SERVICES AS THE MEMBERS SHALL DEEM NECESSARY OR APPROPRIATE TO THE					
CARRYING OUT OF SUCH PURPOSE AND TO ENGAGE IN SUCH OTHER ACTIVITIES AS					
ARE LEGALLY PERMITTED FOR BUSINESS.					
7 Names and Addresses of the Officers and Directors:					

7. Names and Addresses of the Officers and Directors:

## All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

F	9		
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
INCORPORATOR	JOHN MICHAEL ROGUE	3 POKANOKET TRAIL WARREN, RI 02885 USA	
INCORPORATOR	CHRISTOPHER EDWARD ROY	31 STREAMVIEW DRIVE CUMBERLAND, RI 02864 USA	

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWP		\$0.0100	2.00	0

## 9. 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.

**Signed this 31 Day of March, 2020 at 2:39:54 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By JOHN M ROGUE

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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