



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

→ Filing period June 1 - June 30

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 001677869		2. Exact name of the Corporation Rhode Island Cannabis Industry Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island All aspects of the medical and recreational cannabis industry			
4. NAICS Code 813910 - Business Assoc					
6. Principal Office Address 450 Pavilion Avenue			City Warwick	State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Armand T. Lusi			Vice-President Name Leslie A. Lusi		
Street Address 450 Pavilion Avenue			Street Address 450 Pavilion Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Eric J. Eliason			Treasurer Name Armand T. Lusi		
Street Address 450 Pavilion Avenue			Street Address 450 Pavilion Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Armand T. Lusi			Director Name Leslie A. Lusi		
Street Address 450 Pavilion Avenue			Street Address 450 Pavilion Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Eric J. Eliason			Director Name Jonathan Flynn		
Street Address 450 Pavilion Avenue			Street Address 450 Pavilion Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Armand T. Lusi, President				Date June 30, 2020	
Signature of Officer/Authorized Representative 				FILED 	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 30 2020

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FORM 631 - Revised: 06/2019