	State of Rh Office of the Se		Fee: \$50.00
	Division Of Bu	siness Services	
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
HOPE	(401) 22	.2-3040	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>001664095</u>			
2. Exact Name of the Limited Liability Company <u>Best Buds Nursery LLC</u>			
3. State of Formation			
State: <u>RI</u>			
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>111998</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
AGRICULTURE			
5. Principal Office Addre	SS		
No. and Street: 536	ATWELLS AVENUE		
	<u>VIDENCE</u>	State: <u>RI</u> Zip: <u>02</u>	909 Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>LISA S. HOLLEY, ESQ.</u> Contact Title: <u>REGISTERED AGENT</u> No. and Street: 536 ATWELLS AVENUE			
		State: <u>RI</u> Zip: <u>02</u>	909 Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		Address
	First, Middle, Last, Suffix	Address, City or T	Town, State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LISA S HOLLEY, ESQ. 536 ATWELLS AVENUE #2 PROVIDENCE , RI 02909

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of October, 2020 at 7:09:54 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>LISA S. HOLLEY, ESQ.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved