



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
 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 STA. 17
 OCT 15 2020 *[initials]*
 872

1. Entity ID Number <u>000507460</u>		2. Exact name of the Limited Liability Company <u>GO ORGANIC LLC</u>			
3. NAICS Code <u>560730</u>		4. Brief description of the character of business conducted in Rhode Island <u>LMD SCRAPING</u>			
5. State of Formation <u>CT.</u>					
6. Principal Office Address <u>1244 THOMPSON ROAD</u>		City <u>THOMPSON</u>	State <u>CT</u>	Zip <u>06277</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>JOHN TYCZ</u>		Contact Title <u>MEMBER</u>			
Street Address <u>1244 THOMPSON ROAD</u>		City <u>THOMPSON</u>	State <u>CT</u>	Zip <u>06277</u>	
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 ☐					
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 <u>JOHN TYCZ</u>				Date <u>10-12-20</u>	
Signature of Authorized Person <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov