	State of Rh Office of the See		tate	Fee: \$50.00
	Division Of Bus 148 W. Ri		5	
	Providence RI	02904-2615		
HOPE	(401) 22	2-3040		
Limited Liability Com Annual Report Filing Period: September 1				
	7-16-66(d), each limited liability in thirty (30) days after the time penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2020</u>			
<b>1. ID No.</b> <u>000117960</u>	<u>)</u>			
2. Exact Name of the Li	mited Liability Company $\underline{\mathrm{MC}}$	OORE BLOO	MS, LLC	
3. State of Formation				
State: <u>RI</u>				
	ARTICLE	E 111		
-	Code that best describes the pri e information on <u>NAICS</u> can be t		conducted by t	he entity. Download
<u>444220</u>				
4. Brief Description of th	e Character of the Business \	Which is Actu	ally Conducted	I in Rhode Island
GROWING AND RETA	AIL GREENHOUSE AND G	ARDEN SHO	<u>PP</u>	
5. Principal Office Addre	SS			
No. and Street: 577 C	GREEN END AVENUE			
City or Town: <u>MID</u>	DLETOWN	State: <u>RI</u>	Zip: <u>02842</u>	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and	Name or Title	of Contact Pe	rson:
Contact Name: Contact	Title:			
	REEN END AVENUE	Stata: DI	7:	
City or Town: <u>MIDD</u>	LETOWN	State: <u>RI</u>	Zip: <u>02842</u>	Country: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited	l Liability Co	npany, if Appl	icable.
Title	Individual Name		Addre	ess
	First, Middle, Last, Suffix	Addre	ss, City or Town, St	ate, Zip Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALT	ER		

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

## CRAIG S. SAMPSON 35 POWEL AVENUE NEWPORT, RI 02840

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

**Signed this 27 Day of October, 2020 at 5:34:44 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>NANCY MOORE</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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