	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
	Providence RI 0290	4-2615	
HOPE	(401) 222-304	0	
Limited Liability Com Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000911182</u>			
2. Exact Name of the Limited Liability Company <u>Barksfield Botanicals 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>454111</u>			
4. Brief Description of the	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
ONLINE RETAIL			
5. Principal Office Addres	SS		
No. and Street: 48 P	ECKHAM ROAD		
	<u>TLE COMPTON</u> State:	<u>RI</u> Zip: <u>02837</u>	Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact 7	Title:		
	ECKHAM ROAD		
City or Town:	LE COMPTON State:	RI Zip: <u>02837</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Ado	lress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

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

MICHELE JALBERT <u>48 PECKHAM ROAD</u> LITTLE COMPTON, <u>RI</u> <u>02837</u>

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

Signed this 23 Day of December, 2020 at 10:50:42 AM 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>MICHELE JALBERT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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