State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

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. 001701414

2. Exact Name of the Limited Liability Company Lovewell Farms LLC

3. State of Formation

State:

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

339999

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

FARMING HEMP AND MANUFACTURING CBD PRODUCTS FOR WHOLESALE AND RETAIL.

5. Principal Office Address

No. and Street: 174 WOODVILLE ALTON RD
City or Town: HOPE VALLEY State: RI Zip: 02832 Country: US

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: BRETT QUATTRUCCI Contact Title: CEO
No. and Street: P.O. BOX 642
City or Town: WEST KINGSTON State: RI Zip: 02892 Country: US

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BRETT QUATTRUCCI	73 CASWELL ST NARRAGANSETT, RI 02882 US

MANAGER	EMILY COTTER	26 RAILROAD AVE WEST KINGSTON, RI 02982 US
MANAGER	RYAN PLANTE	174 WOODVILLE ALTON RD HOPE VALLEY, RI 02832 US

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL J. SIMPSON 100 ARNOLD STREET, APT. 2 PROVIDENCE , RI 02906

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

Signed this 16 Day of March, 2021 at 12:08:36 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 BRETT QUATTRUCCI
Signature of Authorized Person

Form No. 632
Revised 09/07

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