RI SOS Filing Number: 202195172360 Date: 3/31/2021 12:19:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR 10 PM 2: 15

1. Entity ID Number	2. Exact name of the Corporation		
001662384	GOOD EARTH INCORPARATED		
3. Principal Office Address	City	State	Zip
3661 WEST SHORE ROAD	WARWICK	RI	02888
4. NAICS Code: 1153120	6. Brief description of the character of business conducted in Rhode Island: LICENSED MARIJUANA CULTIVATOR Title: 7-1.2-1701		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
CLIFFORD ANCONA	94 CHAMBLY AVE	WARWICK	RI	028878

Vice-President Name	Street Address	City	State	Zip
MICHAEL P ROSE	1249 MAIN STREET	BRIDGEPORT	CT	06604

Secretary Name	Street Address	City	State	Zip
GREG MORANO	99 BROOKFIELD LANE	RAMSEY	NJ	07446

Treasurer Name	Street Address	City	State	Zip
MICHAEL CAVANAGH	170 CONANICUS AVE	JAMESTOWN	RI	02835

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		$1.00

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative: Michael P. Rose — Date: 3/8/21

Signature of Authorized Representative

FILED
MAR 31 2021
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020