



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 MAR 10 PM 12:15

1. Entity ID Number 001662384		2. Exact name of the Corporation GOOD EARTH INCORPORATED			
3. Principal Office Address 3661 WEST SHORE ROAD			City WARWICK	State RI	Zip 02888
4. NAICS Code 1153120		6. Brief description of the character of business conducted in Rhode Island LICENSED MARIJUANA CULTIVATOR			
5. State of Incorporation RHODE ISLAND		Title: 7-1.2-1701			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name CLIFFORD ANCONA			Vice-President Name MICHAEL P ROSE		
Street Address 94 CHAMBLY AVE			Street Address 1249 MAIN STREET		
City WARWICK	State RI	Zip 028878	City BRIDGEPORT	State CT	Zip 06604
Secretary Name GREG MORANO			Treasurer Name MICHAEL CAVANAGH		
Street Address 99 BROOKFIELD LANE			Street Address 170 CONANICUS AVE		
City RAMSEY	State NJ	Zip 07446	City JAMESTOWN	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			\$ 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 					

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

 FILED
 MAR 31 2021
 BY **NYNFO**
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