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State of Rhode Island

Department of State - Business Services Division

FILED
JUL 02 2021
BY 396665
FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: 2021

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
1715822	Coastal Farms Wellness Center
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To cultivate eand provide all natural medical marijuana to patients as a licensed compassion center under the RHode Island medical marijuanana program pursuant to RIGL section 21-28.6, ET. SEQ, as amended, and to engage in other related lawful purposes.
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
66 Kingstown Rd	Wyoming	RI	02898

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

President Name	Street Address	City	State	Zip
Patrick Kilroy	62 Bridge St	Newport	RI	02840

Vice-President Name	Street Address	City	State	Zip
Stephen Rohner	24 Pope St	Newport	RI	02840

Secretary Name	Street Address	City	State	Zip
Craig Kilroy	4 Sherman st	Newport	RI	02840

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Patrick Kilroy	62 Bridge St	Newport	RI	02840

Director Name	Street Address	City	State	Zip
Stephen Rohner	24 Pope St	Newport	RI	02840

Director Name	Street Address	City	State	Zip
Craig Kilroy	4 Sherman St	Newport	RI	02840

Director Name	Street Address	City	State	Zip

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Stephen Rohner	6/23/2021

Signature of Officer/Authorized Representative

Stephen J. Rohner

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 631 - Revised: 08/2020