RI SOS Filing	g Number: 20	2199317550	Date: 7/15	5/2021 3:02:00 I	PM		
State of Rhode Island	oto - Rusinos	e Sanjage Di	ivicíon				
Department of Sta		2 241AICA2 DI	AISION	ששור	SPR SPR	_	
Annual Report for the ye Corporation	ar: 20	21		-5	SVC SVC		
→ Filing period: January 1 - N	farch 1		•	70	F S D		
→ Filing Fee: \$50.00		ų.	ZZZ	ŧ			
→ Penalty: Additional \$25.00 for	ee if form is not f	iled by April 1.		0.0	<u> </u>		
1. Entity ID Number	I 4	of the Corporation	· T				
001702765	107246	r (tarbor		•	To: .		
3. Principal Office Address  3311 Fanny	BAY	LN.	City ~	rles	State	34114	
4. NAICS Code	· •			inducted in Rhode Isl			
493130	medical marijuana cultivation						
5. State of Incorporation		<u> </u>					
7. List ALL officers (names and adderesident Name)	dresses)		Vice-President		ne box to i	ndicate an attachment	
Jettrey Kubinson			NANCY KOSINSON				
Street Address FA 21	BAY L	<u>~</u>	Street Address	FAMA	BAY	W	
City NA/KU	State	Zip 3 4114	City NA	Ples	State	3 411 A	
Secretary Name NANCY RUSINSUN			Treasurer Name (from Zwinson				
Street Address			Street Address				
City	State	Zip	City		State	Ζip	
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	<del>.</del>	State	Zip	
Director Name	<u></u>	_1	Director Name		<u> </u>		
Street Address	Street Address						
Co. To.							
City	State	Ζiρ	City		State	Zip	
9. Shares Authorized This information is currently of reco	nd In Alex	10. Shares Issue		Check t	he box to i	ndicate an attachment PAR VALUE	
Department of State.  Changes require an additional filing.		20	,	T		\$0.0100	
		<u>~0</u>		CWP		70.0100	
11. This report must be executed of	on hehalf of the co	exporation by an au	thorized represe	antative. If the corner	ation is in t	the hands of a receiver or	
trustee, this report must be execut	ed on behalf of th	e corporation by th	e receiver or tru	istee.			
Under penalty of penjury, I decla statements, and that all stateme				cluding any accom	panying s	chedules and	
Name of Authorized Representative			Date 7	19/21			
Signature of Authorized Represent		FILED		/ '/-'			
1 2 -						i I	
MAIL TO: JUL 15 2021							
Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Ry J BUYKQ							

Phone: (401) 222-3040 Website: www.sos.ri.gov BY A BUYKU

FORM 630 - Revised: 08/2020