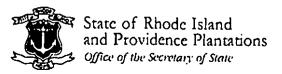
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A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2021

Filing Period: September 1 - November 1 - Filing Fee: \$50.00" - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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 (box)) is subject to a penalty fee of \$25.00.

1. 1D No.	2. Exact name of the Hi					
001481154	001481154 CANNA PHARM RI, LLC					
3. State of Farmation RI 190	AGRICUI	ption of the character of the his TURE	tiness which is actually conducted in Rh	rele Island		
s. Principal office didines 5 THOMAS LANE			Chy CRANSTON	State RI	<i>zφ</i> 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name SCOTT SCOFIELD			NAME OR TITLE OF CONTACT PERSON: Gontact Title PRESIDENT			
5 THOMAS LANE			CIN CRANSTON	State RI	λφ 02921	
7. NAME AND ADDI	RESS OF EACH MAN FILL II	AGER OF THE LIMITED SPACES BEFORE USIN	LIABILITY COMPANY, IF API G ATTACHMENTS ("X" BOX F	PLICABLE - <u>DO NO</u> T		
Manager Name			Manager Name			
Street Address			Street Address			
City 	JRI	21p 20321	Chy	State	Zip	
Manager Nume			Manager Name			
Street Address			Stress Address			
Cuy	State	Zip	City	State	Zψ	
8. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11						

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

001481154

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

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.

Date

Signature of Authorized Betson

SCOTT SCOFIELD

Print or Type Name of Authorized Person

Form 632 Rev. 08/08