



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

OCT 29 2021

1547

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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 (b)(7)) is subject to a penalty fee of \$25.00.

1. ID No. 001481154		2. Exact name of the limited liability company CANNA PHARM RI, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island AGRICULTURE	
5. Principal office address 5 THOMAS LANE		City CRANSTON	State RI
		Zip 02921	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name SCOTT SCOFIELD		Contact Title PRESIDENT	
Street Address 5 THOMAS LANE		City CRANSTON	State RI
		Zip 02921	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
CRANSTON	RI		
Zip	Zip		
02921			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip	Zip		
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.

 10/21/2021
Signature of Authorized Person Date

SCOTT SCOFIELD

Print or Type Name of Authorized Person