



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 001716115

2. Name of Corporation Mammoth Health and Wellness, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 187 CHESTNUT ST
City or Town: WARWICK State: RI Zip: 02888 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PURSUANT TO RIGL 21-28.6 ET SEQ., TO CULTIVATE AND PROVIDE MEDICAL MARIJUANA TO AUTHORIZED PATIENTS AS A RI DBR LICENSED COMPASSION CENTER, AND TO ENGAGE IN OTHER ACTS AS PROSCRIBED BY THE EDWARD HAWKINS AND THOMAS SLATER ACT.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

DIRECTOR	CHRISTOPHER B DALE	23 QUEENSFORTH WAY NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SPENCER BLIER	103 BLADE STREET WARWICK, RI 02818 USA
DIRECTOR	STUART BURNS SMITH	319 ELMDALE ROAD NORTH SCITUATE, RI 02857 USA
DIRECTOR	GARY BLIER	1 HALL STREET EAST GREENWICH, RI 02818 USA
DIRECTOR	JON CONNORS	5471 POST ROAD EAST GREENWICH, RI 02818 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LISA S. HOLLEY, ESQ. 536 ATWELLS AVENUE PROVIDENCE , RI 02909

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

Signed this 29 Day of April, 2022 at 11:42:37 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LISA S. HOLLEY, ESQ.
Signature of Authorized Person

Form No. 631
Revised 09/07

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