	State of Office of the	Rhode Island Secretary of		Fee: \$50.00
HOPE	148 W Providence	<sup>°</sup> Business Servic . River Street e RI 02904-261 ) 222-3040		
Limited Liability Compa Annual Report Filing Period: February 1 - May				
In accordance with R.I.G.L. 7- to file its annual report within t 16-66(b&c)) is subject to a per	hirty (30) days after the t		•	
ANNUAL REPORT YEAR: 2	022			
<b>1. ID No.</b> <u>001691726</u>				
2. Exact Name of the Limit	ed Liability Company	Perennial Partn	ers LLC	
3. State of Formation				
State: <u>RI</u>				
	ART	CLE III		
Enter the six digit NAICS Coo the list of codes <u>here.</u> More in $\underline{424930}$				the entity. Download
4. Brief Description of the C	Character of the Busine	ss Which is Ac	tually Conducte	d in Rhode Island
WHOLESALE SALES OF WHOLESALERS, LANDS		ARDEN CENT	ERS, NURSER	<u>IES, RE-</u>
5. Principal Office Address				
No. and Street:308 RACity or Town:WARW	<u>NDALL AVENUE</u> / <u>ICK</u>	State: <u>RI</u>	Zip: <u>02889</u>	Country: <u>USA</u>
6. Mailing Address of Limit	ed Liability Company a	and Name or Tit	le of Contact Pe	erson:
Contact Name:Contact TitlNo. and Street:308 RACity or Town:WARW	NDALL AVENUE	State: <u>RI</u>	Zip: <u>02889</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHO Changes Require Filing o				
. J				

**Signed this 11 Day of July, 2022 at 8:38:35 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 § 7-16.* 

By <u>SHERYL S WESTON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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