



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

**Fee: \$50.00**

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

**Limited Liability Company  
Annual Report**

*Filing Period: February 1 - May 1*

*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&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2022

**1. ID No.** 001732338

**2. Exact Name of the Limited Liability Company** Smokin Dispensaries, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

453990

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO DESIGN AND BUILD CUSTOM CANNABIS DISPENSARIES, PROVIDE RETAIL DESIGN, CUSTOMIZED FLOOR PLANS AND LAYOUT AND TO MANUFACTURE CUSTOM MILLWORK AND DISPLAY CASES AND FACILITIES FOR THE CANNABIS RETAILER DISPENSARY, AND TO SELL, AND TO ENGAGE IN ANY BUSINESS PERMITTED UNDER THE ACT WHICH THE MEMBERS CONSENT MY DEEM DESIRABLE OR EXPEDIENT TO THE DEVELOPMENT AND MANAGEMENT OF THE LLC.

**5. Principal Office Address**

No. and Street: 2 CHARLES STREET

City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: RICK GRANOFF Contact Title: OWNER  
No. and Street: 2 CHARLES STREET  
City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

RICK GRANOFF 2 CHARLES STREET PROVIDENCE , RI 02904

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

**Signed this 21 Day of September, 2022 at 1:36:38 PM 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 RICK GRANOFF  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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