



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV

Annual Report for the year: 2022
Corporation

2023 FEB 13 PM 1:33

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001718545		2. Exact name of the Corporation Havecon Greenhouses Inc	
3. Principal Office Address 5123 W St Joe Hwy Ste 202		City Lansing	State MI
		Zip 48917	
4. NAICS Code 236220	6. Brief description of the character of business conducted in Rhode Island Design and construct commercial greenhouses		
5. State of Incorporation MI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Hendrikus Verbakel		Vice-President Name Jonathan Adams	
Street Address 5123 W St Joe Hwy Ste 202		Street Address 5123 W St Joe Hwy Ste 202	
City Lansing	State MI	Zip 48917	City Lansing
			State MI
			Zip 48917
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		0	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.			
Name of Authorized Representative 		Date Feb 10, 2023	
Signature of Authorized Representative Jonathan Adams		FILED	

FEB 13 2023

BY TKAQS
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