



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
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		
			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	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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