RI SOS Filing Number: 202329286350 Date: 2/23/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

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

| FILED |
|-------------|
| BY 2 3 2023 |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------|----------|-----------|--|
| 00 1737605 | Edna's Garden, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| # 531190 | Holding a vacant lot for potential future building or sale. | | | | |
| 5. State of Formation | building or sale. | | | | |
| Rhude Island | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 223 Raleigh aue | | Pawtucket | RI | 02840 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name JILL Davis | | Contact Title MEMBER | | | |
| Street Address 223 Raleigh | aue | City Pawtucket | State | Zip 02860 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| 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 Person Ti LL | DAVIS | | Date 2-/ | 5/23 | |
| Signature of Authorized Person | | | | | |
| 7 | | | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov