



State of Rhode Island  
 Department of State - Business Services Division

**FILED**  
 FEB 23 2023  
 BY [Signature]  
[Signature]

Annual Report for the year: 2023  
 Limited Liability Company

- 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<br><u>001737605</u>   |  | 2. Exact name of the Limited Liability Company<br><u>Edna's Garden, LLC</u>   |                                |                       |  |
| 3. NAICS Code<br><u>#531190</u>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Holding a vacant lot for potential future building or sale.</u> |                                |                       |  |
| 5. State of Formation<br><u>Rhode Island</u>  |  |   |                                |                       |  |
| 6. Principal Office Address<br><u>223 Raleigh Ave</u>   |  | City<br><u>Pawtucket</u>  | State<br><u>RI</u>             | Zip<br><u>02860</u>   |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                                |                       |  |
| Contact Name<br><u>JILL DAVIS</u>   |  |   | Contact Title<br><u>MEMBER</u> |                       |  |
| Street Address<br><u>223 Raleigh Ave</u>  |  | City<br><u>Pawtucket</u>  | State<br><u>RI</u>             | Zip<br><u>02860</u>   |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |   |                                |                       |  |
| <i>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.</i> |  |   |                                |                       |  |
| Name of Authorized Person<br><u>JILL DAVIS</u>  |  |   |                                | Date<br><u>2/5/23</u> |  |
| Signature of Authorized Person<br><u>[Signature]</u>  |  |   |                                |                       |  |

**MAIL TO:**  
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