




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 24 2023
 BY 2041
00

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

1. Entity ID Number 000792362		2. Exact name of the Corporation RHODE ISLAND HYDROPONICS, INC.			
3. Principal Office Address 420 ATWOOD AVENUE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 424930		6. Brief description of the character of business conducted in Rhode Island INDOOR GARDEN SHOP			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARMELO CORRENTE			Vice-President Name JEFFREY M. PAIGE		
Street Address 420 ATWOOD AVENUE			Street Address 420 ATWOOD AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name CARMELO CORRENTE			Treasurer Name JEFFREY M. PAIGE		
Street Address SAME			Street Address SAME		
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		PAR VALUE
			2,000	COMMON	0.01
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 CARMELO CORRENTE, PRESIDENT					Date 2/22/23
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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