

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 **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	2. Exact name of the Limited Liability Company				
001689012	Grams Distribution, LLC				
3. NAICS Code 325410	Brief description of the character of business conducted in Rhode Island Development, manufacturing and distribution of water soluble CBD.				
5. State of Formation	~_				
RI					
6. Principal Office Address		City	State	Zlp	
334 Knight St. Bld 19		Warwick	RI	02886	
7. Mailing Address of Limited	Liability Company and Nam	e or Title of Contact Person			
Contact Name John Levesque		Contact Title Member			
Street Address 334 Knight St. Bld 19		City Warwick	State RI	^{Zlp} 02886	
8. The Resident Agent Inform	nation currently of record with	the RI Department of State is accu	ırate. Changes requir	e filing Form 642.	
Under penalty of perjury, statements, and that all sta	I declare and affirm that I	have examined this report, inclu-	ding any accompany	ing schedules and	
Name of Authorized Person			Date ~		
John Levesque			2/5/24		
Signature of Authorized Person	on All A		· · · · · · · · · · · · · · · · · · ·	·	
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MAIL TO:

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

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