

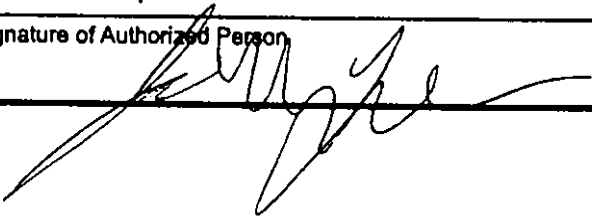


State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
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Annual Report for the year: 2022  
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><b>001689012</b>   |  | 2. Exact name of the Limited Liability Company<br><b>Grams Distribution, LLC</b>  |                    |
| 3. NAICS Code<br><b>325410</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Development, manufacturing and distribution of water soluble CBD.</b> |                    |
| 5. State of Formation<br><b>RI</b>  |  |   |                    |
| 6. Principal Office Address<br><b>334 Knight St. Bld 19</b>   |  | City<br><b>Warwick</b>  | State<br><b>RI</b> |
| Zip<br><b>02886</b>   |  |   |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |   |                    |
| Contact Name<br><b>John Levesque</b>  |  | Contact Title<br><b>Member</b>  |                    |
| Street Address<br><b>334 Knight St. Bld 19</b>  |  | City<br><b>Warwick</b>  | State<br><b>RI</b> |
| Zip<br><b>02886</b>   |  |   |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |   |                    |
| 9. 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<br><b>John Levesque</b>   |  | Date<br><b>2/5/24</b>   |                    |
| Signature of Authorized Person<br>   |  |   |                    |

FILED

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MAIL TO:  
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