RI SOS Filing Number: 202449040900 Date: 3/15/2024 4:00:00 PM

## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

2024

FILED

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 15 2024

| 1. Entity ID Number 000507460 |  | 2. Exact name of the Limited Liability Company GO ORGANIC LLC            |                      |                      |  |
|-------------------------------|--|--|----------------------|----------------------|--|
| 3. NAICS Code<br>561730       |  | Brief description of the character of business conducted in Rhode Island |                      |                      |  |
| 5. State of Formation CT      |  |  |                      |                      |  |
| 6. Principal Office Address   |  | City   | State                | Zip                  |  |
| 1244 Thompson Road            |  | Thompson   | СТ                   | 06277                |  |
| 7. Mailing Address of Limite  | d Liability Company and Name or                                      | Title of Contact Person  |                      |                      |  |
| Contact Name  John Tycz       |  | Contact Title Member   |                      |                      |  |
| Street Address 1244 Thompson  |  | City Thompson  | State CT             | <sup>Zip</sup> 06277 |  |
| 8. The Resident Agent infor   | mation currently of record with the                                  | RI Department of State is accur  | ate. Changes require | 1                    |  |
|                               | y, I declare and affirm that I hav<br>latements contained herein are |  | ing any accompany    | ring schedules and   |  |
| Name of Authorized Person     |  |  | Date                 |                      |  |
| John Tycz                     |  | 3-13-24  |                      |                      |  |
| Signature of Authorized Per   | son  |  |                      |                      |  |

MAIL TO:

**Division of Business Services** 

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