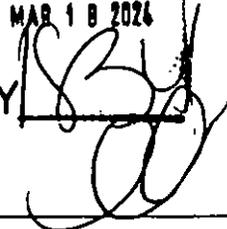


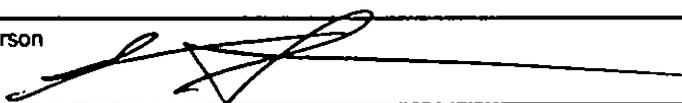


State of Rhode Island
Department of State - Business Services Division

FILED
 MAR 18 2024
 BY 

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 001481154		2. Exact name of the Limited Liability Company Canna Pharm RI LLC	
3. NAICS Code 111998		4. Brief description of the character of business conducted in Rhode Island Agriculture	
5. State of Formation RI			
6. Principal Office Address 5 Thomas Lane		City Cranston	State RI
Zip 02921			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Scott Schofield		Contact Title President	
Street Address 5 Thomas Lane		City Cranston	State RI
Zip 02921			
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 Scott Schofield			Date 3-14-24
Signature of Authorized Person 			

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