Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by		State of Rhode Island	Fee: \$50.00
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Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file is annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 1. ID No. 001733843 2. Exact Name of the Limited Liability Company Marigold Rhode LLC 3. State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 111422 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MARIGOLD RHODE IS A SPECIAL TY CUT FLOWER FARM OFFERING WHOLESALE AND RETAIL FLOWERS. 5. Principal Office Address No. and Street: 10 JUDE ST City or Town: MIDDLETOWN State: RI Zip: 02842 Country: US 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>SARAH AMOROS</u> Contact Title: MEMBER No. and Street: 10 JUDE ST	I		
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No. and Street: <u>10 JUDE ST</u>	6. Mailing Address of Limited Liabilit	y Company and Name or Title of Cor	ntact Person:
City or Town: <u>MIDDLETOWN</u> State: <u>RI</u> Zip: <u>02842</u> Country: <u>USA</u>		ntact Title: MEMBER	
	City or Town: MIDDLETOW	<u>N</u> State: <u>RI</u> Zip: <u>02842</u>	Country: <u>USA</u>

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of April, 2024 at 10:33:13 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SARAH AMOROS

Signature of Authorized Person

Form No. 632 Revised 09/07

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