RI SOS Filing Number: 202452165850 Date: 4/23/2024 1:51:00 PM



# State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 Fee: \$50.00

(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 its 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.** 001764455
- 2. Exact Name of the Limited Liability Company GREATER PURPOSE LLC
- 3. State of Formation

State: NJ

#### **NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

325411

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

GREATER PURPOSE LLC IS DEDICATED TO PROVIDING NEW JERSEY RETAILERS AND

CONSUMERS WITH

BEST-IN-CLASS CANNABIS CONCENTRATES AND CANNABIS INFUSED PRODUCTS (CIPS).

**OUR MISSION** 

IS TO CREATE QUALITY PRODUCTS THAT CONNECT WITH THE CONSUMER AND PROMOTE A

**HEALTHY** 

<u>LIFESTYLE. OUR COMPANY BELIEVES IN AN INDUSTRY THAT SHARES IN A</u> MEANING

**GREATER THAN** 

ITSELF. OUR TEAM BELIEVES CONCENTRATES ARE THE CLEANEST, MOST CONTROLLABLE

#### **WAY TO**

#### CONSUME THE BENEFICIAL ASPECTS OF THE CANNABIS PLANT.

#### 5. Principal Office Address

No. and Street: 47 WOOD AVE SUITE 2

City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

#### 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 47 WOOD AVE SUITE 2

City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

## 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 SUITE 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 23 Day of April, 2024 at 1:52:12 PM 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 ROBIN JONES

Signature of Authorized Person

Form No. 632 Revised 09/07

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