FILED

APR 2 6 2024

BY

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001677869	Rhode Island Cultivator Industry Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Association
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
450 Pavilion Avenue	Warwick	RI	02888

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Armand T. Lusi	450 Pavilion Avenue	Warwick	RI	02888

Vice-President Name	Street Address	City	State	Zip
Leslie A. Lusi	450 Pavilion Avenue	Warwick	RI	02888

Secretary Name	Street Address	City	State	Zip
Eric J. Eliason	450 Pavilion Avenue	Warwick	RI	02888

Treasurer Name	Street Address	City	State	Zip
Armand T. Lusi	450 Pavilion Avenue	Warwick	RI	02888

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Armand T. Lusi	450 Pavilion Avenue	Warwick	RI	02888

Director Name	Street Address	City	State	Zip
Eric J. Eliason	450 Pavilion Avenue	Warwick	RI	02888

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Armand T. Lusi	4/15/2024

Signature of Officer/Authorized Representative: Armand T. Lusi

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

FORM 631- Revised: 12/2023