| State of Rhode Island Fee: \$5 | 0.00 | | | | | |
|---|------|--|--|--|--|--|
| Office of the Secretary of State | | | | | | |
| Division Of Business Services | | | | | | |
| 148 W. River Street | | | | | | |
| 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 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. <u>001750250</u> | | | | | | |
| 2. Exact Name of the Limited Liability Company Blackearth Collective & Lab LLC | | | | | | |
| 3. State of Formation | | | | | | |
| State: <u>RI</u> | | | | | | |
| 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. | | | | | | |
| <u>711510</u> | | | | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | | | | |
| WE ARE A COLLECTIVE OF OTHER AND TRANSPLACE AND INDICENCIES | | | | | | |
| WE ARE A COLLECTIVE OF QUEER AND TRANS BLACK AND INDIGENOUS | | | | | | |
| ARTISTS, CRAFTSPEOPLE, AND DESIGNERS. WE LEARN, ORGANIZE, AND TEACH | | | | | | |
| WITHIN OUR COMMUNITIES TO HONOR AND BUILD UPON OUR ANCESTORS' LEGACY OF ORIGINALITY, IMAGINATION AND TRANSFORMATION. | | | | | | |
| LEGACT OF UNIONALITT, IMAQUNATION AND TRAINSFORMATION. | | | | | | |
| BLACKEARTH COLLECTIVE + LAB NURTURES CREATIVE OPPORTUNITY AND | | | | | | |
| ELEVATES CULTURAL ART AND CRAFT OF QUEER AND TRANS BLACK AND | | | | | | |
| INDIGENOUS COMMUNITIES. | | | | | | |
| 5. Principal Office Address | | | | | | |
| | | | | | | |
| No. and Street: 225 DVED STREET | | | | | | |
| No. and Street:225 DYER STREETCity or Town:PROVIDENCEState: RIZip: 02903Country: USA | | | | | | |

| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | | | | |
|---|-------------------------------|-----------|-------------------|---------------------|--|--|
| Contact Name: Contact Title: COLLECTIVE MEMBER | | | | | | |
| No. and Street: City or Town: | 225 DYER STREET PROVIDENCE | State: RI | Zip: <u>02903</u> | Country: <u>USA</u> | | |
| | | | 21p. <u>02000</u> | <u> </u> | | |
| 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 | | | | | | |
| KOURTNIE FUNMILAYO AILERU 810 ADMIRAL STREET, UNIT 1 PROVIDENCE , RI 02904 | | | | | | |
| 8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). | | | | | | |
| Signed this 1 Day of May, 2024 at 3:42:44 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 <u>K. FUNMILAYO AILERU</u> Signature of Authorized Person | | | | | | |
| Form No. 632 Revised 09/07 | | | | | | |
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