



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

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BY 3146-3133

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 <u>1716.47123</u>		2. Exact name of the Limited Liability Company <u>Hydroponics TO You, LLC</u>	
3 NAICS Code <u>484940</u>		4. Brief description of the character of business conducted in Rhode Island <u>Nursery Supplies</u>	
5. State of Formation <u>DE</u>			
6. Principal Office Address <u>508 Hugh Circle</u>		City <u>Townsend</u>	State <u>DE</u>
		Zip <u>19734</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>James Rowley</u>		Contact Title <u>President</u>	
Street Address <u>10 Tyler Lane</u>		City <u>Hook</u>	State <u>TY</u>
		Zip <u>75561</u>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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.			
Name of Authorized Person <u>James Rowley</u>		Date <u>5/26/2024</u>	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov