RI SOS Filing Number: 202568253070 Date: 3/24/2025 4:00:00 PM

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

FILED

11 NO 9 A 2025

→ 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 | 2. Exact name of the Limited | 2. Exact name of the Limited Liability Company | | | | |
|---------------------------------|---|---|-------------------------|----------------------|--|--|
| 001756981 | The Royale Group | The Royale Group, LTD, LLC | | | | |
| 3. NAICS Code | · · · · · · · · · · · · · · · · · · · | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 453991 | START UP BUSINES | START UP BUSINESS FOR PENDING RI RECREATIONAL CANNABIS | | | | |
| 5. State of Formation | DISPENSARY RETA | DISPENSARY RETAIL LICENSE | | | | |
| RI | | | | | | |
| 6. Principal Office Address | _ | City | State | Zip | | |
| 248 Post Road | | Westerly | RI | 02891 | | |
| 7. Mailing Address of Limite | d Liability Company and Name or | Title of Contact Person | | | | |
| Contact Name Shannon | | Contact Title Culley | | | | |
| Street Address 37 Willow Street | | City Mystic | State CT | ^{Zıp} 06355 | | |
| 8. The Resident Agent infor | mation currently of record with the | | curate. Changes require | e filing Form 642 | | |
| | y, I declare and affirm that I have tatements contained herein are t | | uding any accompany | ing schedules and | | |
| Name of Authorized Person | | | Date | | | |
| David M. D'Agostino, Esq. | | | January 10, 2025 | | | |
| Signature of Authorized Per | Son) SAUL (S) | $\overline{}$ | • | | | |

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov