

## State of Rhode Island

## **Department of State - Business Services Division**

2023 Annual Report for the year:

**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.

| ស្ពឺ<br>មាន                   |            |
|-------------------------------|------------|
| REC'D RIDOS                   |            |
| ) RIDOS BSD<br>18 AM 11:13:47 | . <u> </u> |

| 1. Entity ID Number 1 1738099  | 2. Exact name of the Limited Liability Company Growing Hope LLC  |                                   |                       |                      |
|--|--|-----------------------------------|-----------------------|----------------------|
| 3. NAICS Code 15. State of Formation RI  | 4. Brief description of the character of business conducted in Rhode Island Small Farm selling fresh vegetables and fruits and vegetable plants. |                                   |                       |                      |
| 5. Principal Office Address 134 Rodman St.   |  | City<br>Wakefield                 | State<br>RI           | Zip<br>02879         |
| 7. Mailing Address of Limited L  | iability Company and Name or   | Title of Contact Person           |                       |                      |
| C-start Nama   | ricia Lourenco Boucher Contact Title   |                                   |                       |                      |
| Street Address 134 Rodman St.  |  | <sup>City</sup> Wakefield         | State RI              | <sup>Zip</sup> 02879 |
| 8 The Resident Agent informs   | ition currently of record with the   | e RI Department of State is accur | rate. Changes require | e filing Form 642.   |
| 9 Under penalty of periury.  | I declare and affirm that I have   | ve examined this report, includ   | ling any accompany    | ring schedules and   |
| statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Tricia Lourenco Boucher |  | Dete<br>7/16/2025                 |                       |                      |
| Signature of Authorized Person   | on   |                                   |                       |                      |

FILED

MAIL TO:

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

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