



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
25 SEP 18 PM 2:11:05

Annual Report for the year: 2025
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 001752311		2. Exact name of the Corporation M.F.H.L			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Education of Marijuana			
4. NAICS Code 813990					
6. Principal Office Address 836 Social St Apt 1R			City Woonsocket	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey Dutch			Vice-President Name		
Street Address 836 Social St			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel Reyes			Director Name Santoro Young		
Street Address 120 Maney St			Street Address 294 Front St		
City Providence	State RI	Zip 02907	City Woonsocket	State RI	Zip 02895
Director Name Keith Hill			Director Name		
Street Address 112 Broad St			Street Address		
City Woonsocket	State RI	Zip 02895	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, or an Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Jeffrey Dutch				Date 9/18/25	
Signature of Officer/Authorized Representative <i>Jeffrey Dutch</i>				BY 604PQ 214	

MAIL TO:
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