RI SOS Filing Number: 201753120650 Date: 11/8/2017 4:00:00 PM

| State of Rhode Island and Providence Plantations | | | | | |
|---|--|--|----------------------------------|---------------------------|---------------------------------------|
| Department of State - Business Services Division | | | | | 201 |
| Angel Control of the | 20 | <u>. </u> | | | R.1. 05 B.U.S NOV |
| Annual Report for the year: 2017 | | | | | |
| Limited Liability Company | | | | | |
| → Filing period: September 1 - November 1 | | | | | S S S S S S S S S S S S S S S S S S S |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. | | | | | |
| Penalty. Additional \$25.0 | 0 lee ii 101111 13 | not med by Decc | , mbor 1. | | 37 |
| 1. Entity ID Number | | ne of the Limited L | | | |
| 001668741 | | HEMP | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island No Business conducted in Rhode Island Conducted. | | | | |
| 999 999 | No | Bushuss | was luv | conducte | |
| 5. State of Formation | | | | | |
| DE | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 65 Meadow Street | | | worwick | ZI | 02886 |
| 7. Mailing Address of Limited L | | y and Name or Tit | tle of Contact Person | | |
| Contact Name Aleagen 3 net | | | Contact Title Principal | | |
| Street Address | | | City | State PT | 7ip 02886 |
| 8. List ALL managers (names | and addresses) | of the Limited Lia | bility Company, IF APPLICAL | BLE - DO NOT LIST | MEMBERS |
| Manager Name Rut W: (1:0m) | | | Manager Name | | |
| Street Address 65 Mewins St | | | Street Address | | |
| City | State 2.1 | D288 C | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | | | | Check the box to | indicate an attachment |
| 9. Resident Agent in Rhode Ist | and. This informa | ation is currently of r | ecord with the Department of Sta | ate. Changes require fili | ng Form 642. |
| Under penalty of perjury, I destatements, and that all state | eclare and affir | m that I have exa | amined this report, includin | | |
| Name of Authorized Person Dat | | | | | |
| But Willsram | | | | 11/6 | 117 |
| | | | · - | | |
| Signature of Authorized Person | مير | | | | |
| | | | - 1 | | |
| | | | ا 'رو` د | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

