



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE AND
 CORPORATIONS DIV
 2018 FEB -6 PM 2:43

1. Entity ID Number 001669847		2. Exact name of the Corporation GREEN ROOM ORGANICS, INC.			
3. Principal Office Address 1014 Boston Neck Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 999994 qqqqqq		6. Brief description of the character of business conducted in Rhode Island Organic agriculture			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kristin Vaughn			Vice-President Name None		
Street Address 42 Clift Street			Street Address		
City Mystic	State CT	Zip 06355	City	State	Zip
Secretary Name Kristin Vaughn			Treasurer Name Kristin Vaughn		
Street Address 42 Clift Street			Street Address 42 Clift Street		
City Mystic	State CT	Zip 06355	City Mystic	State CT	Zip 06355
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kristin Vaughn			Director Name		
Street Address 42 Clift Street			Street Address		
City Mystic	State CT	Zip 06355	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	Common	None
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative Kristin Vaughn				Date 2/2/18	
Signature of Authorized Representative 			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

FEB 06 2018

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