



State of Rhode Island
Department of State - Business Services Division

FILED
APR 25 2022
BY [Signature]
STAMP
REG. SEC. OF STATE
U.S. ONLY

Annual Report for the year: 2022
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 001677869		2. Exact name of the Corporation Rhode Island Cultivator Industry Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island All aspects of the Medical and Recreational Cannabis Industry			
4. NAICS Code 813910 - Business Associations					
6. Principal Office Address 450 Pavilion Avenue			City Warwick	State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Armand T. Lusi			Vice-President Name Leslie A. Lusi		
Street Address 450 Pavilion Avenue			Street Address 450 Pavilion Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Eric J. Eliason			Treasurer Name Armand T. Lusi		
Street Address 450 Pavilion Avenue			Street Address 450 Pavilion Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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 Armand T. Lusi			Director Name Leslie A. Lusi		
Street Address 450 Pavilion Avenue			Street Address 450 Pavilion Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Eric J. Eliason			Director Name		
Street Address 450 Pavilion Avenue			Street Address		
City Warwick	State RI	Zip 02888	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Armand T. Lusi					Date 4/19/22
Signature of Officer/Authorized Representative 					

MAIL TO:
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