RI SOS Filing Number: 202215755160 Date: 4/25/2022 4:00:00 PM

(B)

State of Rhode Island

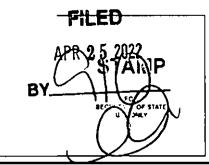
Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2022

→ Filing period: Pebruary 1 - May 1 → Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.



			<u> </u>			
1. Entity ID Number	2. Exact name of the Corporation					
001677869	Rhode Island Cultivator Industry Association					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	All aspects of the Medical and Recreational Cannabis Industry					
4. NAICS Code						
813910 - Business Associations						
6. Principal Office Address			City	State	Zip	
450 Pavilion Avenue			Warwick	RI	02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
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						
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee						
Name of Officer/Authorized Representative Armand T. Lusi				Date 4/10/1	/22	
Signature of Office fouthorized Representative						
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MAIL TO:

Division of Business Services

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

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