

FILED



State of Rhode Island
Department of State - Business Services Division

APR 26 2024
BY: *[Signature]*

Annual Report for the year: 2024

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 RI | | 5. Brief description of the character of business conducted in Rhode Island Association | | | |
| 4. NAICS Code 813910 | | | | | |
| 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 Eric J. Eliason | | |
| Street Address 450 Pavilion Avenue | | | Street Address 450 Pavilion Avenue | | |
| City Warwick | State RI | Zip 02888 | City Warwick | State RI | Zip 02888 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 4/15/2024 | |
| Signature of Officer/Authorized Representative <i>[Signature]</i> | | | | | |

MAIL TO:
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