

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009
Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1. subject to a penalty fee of \$25.00.	2-1501(e), each corpo	ration failing or refusing to file its an	nual report within thirty (30) day	ys after the time prescribed by t	law (R.I.G.L. 7-1,2-1501(c&c		
1. Corporate ID No.		2. Name of Corporation Graf Group Inc					
3. Street Address Principal Business Office 30 Top Hill Drive			City West Kingston	State RI	<i>хір</i> 02892		
4. Bustness Phone No. 5. State of Incorporation 401.632.6554 RI							
6. Brief Description of the Characte Consulting Services	er of Business Conduc	ted in Rhode Island					
7. NAMES AND ADDRESSI President Name Glenn F. Graf	S OF THE OFFI	CERS: ("X" BOX FOR ATTA	Vice President Name	PACES BEFORE USING	G ATTACHMENTS		
Street Address 30 Top Hill Drive			None Street Address				
City West Kingston	State RI	Ζφ 028 92	City	State	Zip		
Secretary Name none			Treasurer Name none				
Street Address			Street Address				
City	State	Zip	CHy	State	Ztp		
3. NAMES AND ADDRESSI Director Name NONE	S OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) FILL IN Director Name none	SPACES BEFORE USIN	NG ATTACHMENTS		
Street Address			Street Address				
City	State	Zip	City :	State	Zip		
Director Name none			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
D. SHARES AUTHORIZED			1	("X" BOX FOR ATTAC TION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value		
			none				
W-44-4		· · · · · · · · · · · · · · · · · · ·					
		e corporation by an authorize corporation by the receiver		orporation is in the hand	ls of a receiver or trust		
		an dan ba	including any accor	erjury, I declare and affirm manying schedules and sign true and correct.			

File Date		ILE 02			
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Under penalty of perjury, I declare and a	ffirm that I	have examined this report,
including any accompanying schedules a	and statem	ents, and that all statements
contained before are true and correct.	١	
Slamy.	hol	teb 25200
Signature	`~\	Date /
Glenn F. Graf	0	:
Print or Type Name		
President, GGI		
Tule		Form 630 Rev. 08/08