



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(2)) is subject to a penalty fee of \$25.00.

|   |       |   |                                  |                    |                     |
|---|-------|---|----------------------------------|--------------------|---------------------|
| 1. ID No.<br><b>119739</b>  |       | 2. Exact name of the limited liability company<br><b>GRAYSTONE INVESTMENTS, LLC.</b>  |                                  |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Purchasing, leasing, sale of real estate and any other lawful purpose</b> |                                  |                    |                     |
| 5. Principal office address<br><b>31 GRAYSTONE STREET</b>   |       |   | City<br><b>WARWICK</b>           | State<br><b>RI</b> | Zip<br><b>02886</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |   |                                  |                    |                     |
| Contact Name<br><b>Stephen C. Mackie, Esq.</b>  |       |   | Contact Title<br><b>Attorney</b> |                    |                     |
| Street Address<br><b>681 SMITH STREET</b>   |       |   | City<br><b>Providence</b>        | State<br><b>RI</b> | Zip<br><b>02908</b> |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |                                  |                    |                     |
| Manager Name  |       |   | Manager Name                     |                    |                     |
| Street Address  |       |   | Street Address                   |                    |                     |
| City  | State | Zip   | City                             | State              | Zip                 |
| Manager Name  |       |   | Manager Name                     |                    |                     |
| Street Address  |       |   | Street Address                   |                    |                     |
| City  | State | Zip   | City                             | State              | Zip                 |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                   |       |   |                                  |                    |                     |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**119739**

|                                 |                |
|---------------------------------|----------------|
| File Date                       | <b>9-25-09</b> |
| Check No.                       | <b>1576</b>    |
| By:                             | <b>MMC</b>     |
| FOR SECRETARY OF STATE USE ONLY |                |

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.

Signature of Authorized Person

Date

**Stephen C. Mackie, Esq.**

Print or Type Name of Authorized Person

**9-15-09**