



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 2010

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&c) is subject to a penalty fee of \$25.00.

1. ID No. 162264		2. Exact name of the limited liability company GRF ASSOCIATES, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate development			
5. Principal office address c/o Gary D'Ambra, 1481 Wampanoag Trail		City East Providence	State RI	Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Gary F. D'Ambra		Contact Title Member			
Street Address 1481 Wampanoag Trail		City East Providence	State RI	Zip 02915	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name None		Manager Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name None		Manager Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND 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).

162264

FILED	
File Date	OCT 27 2010
Check No.	
By	<i>[Signature]</i>
By	185
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] 10/25/10
Signature of Authorized Person Date
Gary F. D'Ambra
Print or Type Name of Authorized Person