

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 1. Entity ID No. 522559 | | Exact name of the limited liability company Gramman | | | | | |
|------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|---------------------|--|--|
| 3. State of Formation | I | Brief description of the character of business conducted in Rhode Island Own and operate real estate | | | | | |
| Rhode Island | | | | | | | |
| . Principal office address 50 Whitecap Drive, Suite 302 | | City North Kingstown | State RI | Zip 02852 | | | |
| | IMITED LIABILIT | Y COMPANY AND NA | ME OR TITLE OF CONTACT PERS | SON: | | | |
| ontact Name Douglas B. Riggs | | Contact Title | | | | | |
| Street Address 50 Whitecap Drive, Suite 302 | | | City North Kingstown | State RI | Zip 02852 | | |
| 7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM | | RESSES) OF THE LI | MITED LIABILITY COMPANY, IF AF | PLICABLE - DO | NOT LIST MEMBER | | |
| Manager Name Douglas B. Riggs | | | Manager Name | | | | |
| Street Address 50 Whitecap Drive, Suite 302 | | | Street Address | | | | |
| City North Kingstown | State RI | Zip 02852 | City | State | Zip | | |
| flanager Name | | Manager Name | | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| | | <u> </u> | | | 1 | | |
| 8. RESIDENT AGENT IN RH | ODE ISLAND | | | | | | |

FILED

SEP 10 2012

| | Under penalty of perjury, I declare and affirm | that I have examined | | |
|-----------------------------------|-------------------------------------------------------------------|----------------------|--|--|
| File Date 1 1 2 11 1 1 | this report, including any accompanying schedules and statements, | | | |
| | and that all statements contained herein are true and correct. | | | |
| Check No | Lette land | 09/03/2012 | | |
| By: | Signature of Authorized Person | Date | | |
| FOR OFFICE AND OF OTATE MOREONING | Douglas B. Riggs | | | |

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012