

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

2013

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. | 2. Exact na | me of the limited liabili | ty company | | ,, = . • • • | |
|--|------------------|---|------------------------------|-------------------------------|-------------------------|--|
| 137029 | | GRAZ, LL | .C | | | |
| 3. State of Formation | 4. Brief des | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| RI | | Real Estate Holding | | | | |
| 5. Principal office address q | Rollingi | wood Drive | City Lincoln | State RI | Zip 02845 | |
| 6. MAILING ADDRESS OF LIN | MITED LIABILI | Y COMPANY AND N | AME OR TITLE OF CONTAC | T PERSON: | | |
| Contact Name Joseph | 1 Graz | iano | Contact Title | Contact Title | | |
| Street Address 9 Rollingwood Dr. | | | City Lincoln | State RI | zip 02865 | |
| 7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME | MES AND ADD | RESSES) OF THE LI | MITED LIABILITY COMPANY | , IF APPLICABLE - DO N | OT LIST MEMBERS | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | <u> </u> | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| B. RESIDENT AGENT IN RHOI | DE ISLAND | | | | | |
| This information is currently | of record in the | Office of the Secret | ary of State. Changes requir | e filing Form 642. | | |
| FILE | _ | | - | | | |

SEP 09 2013

File Date Check No _

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.

Mary and Lragear

MARY. ANN GRAZIANO

Print or Type Name of Authorized Person