

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

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_ 20/3

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 name of the limited liability company					
151714	Grcc, L	.LG.					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island     Manage, maintain. acquire and develop real estate					
Rhode Island	Manage						
5. Principal office address 60 Graham Way			City East Greenwich	State <b>RI</b>	Zip <b>02818</b>		
6. MAILING ADDRESS C	OF CIMITED LIABILI	Y COMPANY AND	NAME OF THE OF CONTACT PE	risoh:	200		
Contact Name Thomas Graul	GrCC, L State of Formation Chode Island  Principal office address O Graham Way  MAKING ADDRESS OF CIMITED LIABILITY Intact Name Homas Graul Beet Address O Graham Way  LIST ALL MANAGERS (NAMES AND ADITY  "X" BOX FOR ATTACHMENT) Inager Name Beet Address  Y  State  Inager Name  Beet Address  State  Inager Name  Beet Address		Contact Title member				
Street Address 60 Graham Way			City East Greenwich	State RI	Zip <b>02818</b>		
7 LIST ALL MANAGER	S (NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>80</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address	***************************************			
City	State	Zip	City	State	Zip		
Manager Name	<u> </u>		Manager Name				
Street Address			Street Address				
City	State	Zip	Сіту	State	Zip		
8. RESIDENT AGENT IN					1		
This information is curr	ently of record in th	e Office of the Seci	retary of State. Changes require fili	ng Form 642.			

File Date	FILED	Under penalty of <u>periury</u> , 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.	
Check No.	SEP 1 0 2013	Signature of Authorized Person	Date
	000	<u>Tho</u> mas Graul	
FOR SEGULARIE AND SYMPLES CON-		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012