

## 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 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 name	of the limited liability	y company			
000552158	GR LLC					
3. State of Formation			r of business conducted in Rhode	Island		
R.I	OWN REAL	. STATE				
5. Principal office address 624 CRANSTON ST.			City PROVIDENCE	State RI	Zip <b>02907</b>	
	MITED LIABILITY (	OMPANY AND NA	AME OR TITLE OF CONTACT PE	RSON:	· · · · · · · · · · · · · · · · · · ·	
Contact Name EUCLIDES GRULLON			Contact Title PRESIDENT			
Street Address 101 LEXINGTON AVE			Gity PROVIDENCE	State RI	Zip <b>02907</b>	
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME		SSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name n/a- managed by members			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 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
B. RESIDENT AGENT IN RHO	DE ISLAND				<b>3</b> 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
This information is currently	of record in the O	ffice of the Secret	ary of State. Changes require fil	ng Form 642.	<u>- ناتج المسلم المس</u>	
					<b>ω</b> <u>Ε</u> Ξ	
			<b></b>		OHS DI PH IZ:	
		FILE	J		7 H 7 S	
		MAR 032	014		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
					<b>6</b>	
	Bv	<del>14</del> -918	ଝ୍ୟୁ			
	•	A.A. 1	853 2.28pm			
					irm that I have examined	
File Date			and that all statements	contained herein a	schedules and statements, are true and correct.	
Check No			Euclids 1-	Millor 11/25/2013		
Ву:			Signature of Authorized		Date	
FOR SECRETARY OF STAT	E USE ONLY		EUCLIDES GRULLON			
			Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012