

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 2014

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 nar	2. Exact name of the limited liability company					
000294757	The Gri	ffin Group LL	С				
3. State of Formation	4. Brief desc	cription of the charac	cter of business conducted in Rhoo	of business conducted in Rhode Island			
RI	Genera	I Contracting					
5. Principal office address 54 Dory Road			City Warwick	State RI	^{Zip} 02886		
	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Phila Coriffic			Contact Title Member				
Street Address 54 Dory Road			City Warwick	State RI	^{Zip} 02886		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY,	FAPPLICABLE - DO	NOT LIST 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		
8. RESIDENT AGENT IN R		AND THE STATE OF T	The state of the s	Apper Section Control of Control	The second secon		
This information is currer	ntly of record in th	e Office of the Secr	retary of State. Changes require	filing Form 642.			

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File Date Check No By:	Under penalty of perjury, I deplare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. Signature of Authorized Person Date	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person	_

Form No. 632 Revised: 01/2012