

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 2015

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.

		2. Exact name of the limited liability company GRF ASSOCIATES, LLC				
162264	GRF AS	SUCIATES, LL	•			
3. State of Formation		Brief description of the character of business conducted in Rhode Island Real estate development				
RI	Real esta					
5. Principal office address 1481 Wampanoag Trail			City East Providence	State RI	Zip 02915	
	F LIMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:		
Contact Name Gary F. D'Ambra		Contact Title Member				
Street Address 1481 Wampanoag Trail			City East Providence	State RI	Zip 02915	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name NONE			Manager Name NONE			
					- Lance Lance -	
NOŇE Strèet Address	State	Zip	NOŇE	State	Zip	
NOÑE Strèet Address	State	Zip	NOŇE Street Address	State	Zip	
NOÑE Street Address City Manager Name	State	Zip	Street Address City Manager Name	State	Zip	
NOÑE Strèet Address City Manager Name NONE	State	Zip	Street Address City Manager Name NONE	State	Zip	
NOÑE Strèet Address Ci⁴y Manager Name NOÑE Street Address	State		Street Address City Manager Name NONE Street Address			

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NOV 0 2 2015

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements		
Check No	and that all statements contained hereir	10-Lb-15	
By: 1 Professor of the 10	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Gary F. D'Ambra, Member Print or Type Name of Authorized Person		
FOR SECRETART OF STATE USE ONLY			

Form No. 632 Revised: 01/2012