

State of Rhode Island and Providence Plantations Department of State - Business Services Division

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RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2016 APR 14 PM 1:47

Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

	·					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
530564	GREBIEN ASSOCIATES LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	Consuffing					
5. Principal Office Address			City	State	Zip	
101 VINE STREET			PAWTUCKET	RI	02861	
6. Mailing Address of Limited Lia	bility Company	and Name or Ti	tle of Contact Person		•	
Contact Name DONALD R. GREBIEN			Contact Title MANAGER			
Street Address 101 VINE STREET			City PAWTUCKET	State RI	^{Zip} 02861	
7. List ALL managers (names ar	nd addresses)	of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name DONALD R. GREBIEN			Manager Name			
Street Address 101 VINE STREET			Street Address			
City PAWTUCKET	State RI	^{Zip} 02861	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
8. Resident Agent in Rhode Islan	d This information	on is currently of re	cord in the Department of State. Cl	hanges require filing	Form 642.	
Under penalty of perjury, I dec statements, and that all statem				any accompanyin	ng schedules and	
Name of Authorized Person				Date	Date	
DONALD R. GREBIEN				04/12/2016		
Signature of Authorized Person						

FILED

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Form No. 632 Revised: 2016