

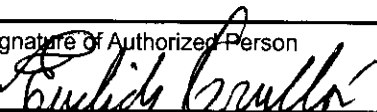


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2016

**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>552158</b>		2. Exact name of the Limited Liability Company <b>GR LLC</b>			
3. NAICS Code <b>53 - Real Estate and Rental</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE BUILDING</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>624 CRANSTON ST</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>EUCLIDES GRULLON</b>			Contact Title <b>OWNER</b>		
Street Address <b>101 LEXINGTON AVE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>					
Manager Name <b>NONE</b>			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
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>Under penalty of perjury, 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.</b>					
Name of Authorized Person <b>EUCLIDES GRULLON</b>				Date <b>04/21/17</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

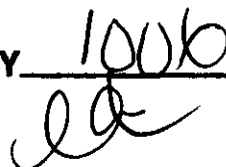
**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

**FILED**

**APR 28 2017**

**BY**



FORM 632 - Revised: 02/2017