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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year:	2017
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.

	T						
1. Entity ID Number	2. Exact name of the Limited Liability Company GR LLC						
552158							
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
531110	Real Estate Building						
	4						
5. State of Formation							
RI				_			
6. Principal Office Address			City	State	Zip		
624 Cranston St.			Providence	RI	02907		
7. Mailing Address of Limited Li	iability Comp	any and Name or					
Contact Name Euclides Grullon		Contact Title Owner					
Street Address 101 Lexington Avenue		City Providence	State RI	^{Zip} 02907			
	and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST I	MEMBERS		
Manager Name None		Manager Name					
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
	<u> </u>			Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Isla	and, This infor	mation is currently	of record with the Department of Sta	ate. Changes require filir	ng Form 642.		
	clare and af	firm that I have	examined this report, includin				
Name of Authorized Person			<u> </u>	Date	·		
Euclides Grullon				V 9-	10-17		
Signature of Authorized Person	111	SiC	N DOCUMENT HERE	·			
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- /				<u> </u>			

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 V

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