

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2017

R.I. DEPT. OF STATE BUS SVCS DIV 2017 OCT 24 PM 1: 03

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company				
503389	Grac	e's Pr	operty Invi	estme	ent
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
1731 I I ()	the and In house				
5. State of Formation	Investment in houses				
RI	A				
6. Principal Office Address City State Zip					
380 Sun'	$\mathcal{I} \cup \mathcal{I}$	Aveunt	N-provid	<u> KT</u>	02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Bukky Dlukogg Contact Title					
Street Address Su	nset 1	Jue Vo 2	city N provid	State	Zip
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Bukky Dukoga Date 10 24 2017					
Signature of Authorized Person yelly Maga					

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

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