

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

1. Entity ID Number	2 Evant of	ama of the Limite	d Linbillty Company		·
001660990	2. Exact name of the Limited Liability Company Donovan Gray Distribution, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Real estate holding company				
531120					
5. State of Formation					
Rhode Island					
6. Principal Office Address			City	State	Zip
200 Highpoint Ave, Unit B5			Portsmouth	RI	02871
7. Mailing Address of Limited Lia	bility Compa	any and Name or			· ·
Contact Name Matthew Gray			Contact Title Member/Manager		
Street Address 200 Highpoint Ave, Unit 85			City Portsmouth	State RI	^{Zip} 02871
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 /		
City	Teinin	City 27			
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 dec statements, and that all states	lare and aff	irm that I have lined herein are	examined this report, includir true and correct.	ng any accompanyir	ng schedules and
Name of Authorized Person					
Matthew Gray 6/25/18					
Signature of Authorized Region SIGN DULUMEN FURE					

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

JUN 29 2018

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