RI SOS Filing Number: 201916229530 Date: 8/29/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2019
Limited Liability Company

→ Filing period: September 1 5 November 1

→ Filing Fee: \$50.00

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

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AUG 29 2019

BY 3004

| 1. Entity ID Number  | 2. Exact name of the Limited Liability Company                           |     |                      |           |                      |  |  |
|--|--|-----|----------------------|-----------|----------------------|--|--|
| 000137029  | GRAZ,LLC   |     |                      |           |                      |  |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |     |                      |           |                      |  |  |
| <u>531120</u>  | Real Estate Holding  |     |                      |           |                      |  |  |
| 5. State of Formation R I  |  |     |                      |           |                      |  |  |
| 6. Principal Office Address  |  |     | City                 | State     | Zip                  |  |  |
| 9Rollingwood Drive   |  |     | Lincoln              | RI        | 02865                |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |     |                      |           |                      |  |  |
| Contact Name MaryAnn Graziano  |  |     | Contact Title  OWNEr |           |                      |  |  |
| Street Address 9Rollingwood Drive  |  |     | City Lincoln         | State R I | <sup>Zip</sup> 02865 |  |  |
| 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  |  |     |                      |           | Date                 |  |  |
| <u>MaryAnn Graziano</u>  |  |     |                      |           | 8-26-2019            |  |  |
| Signature of Authorized Person   |  |     |                      |           |                      |  |  |
| SIGN DOJUMENT HERE \ May and Fragish   |  |     |                      |           |                      |  |  |
|  |  |     |                      |           |                      |  |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov