



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

STAMP

Annual Report for the year: **2019**

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>000090196</b>		2. Exact name of the Limited Liability Company <b>Granoff Associates, LLC</b>									
3. NAICS Code <b>531311</b>		4. Brief description of the character of business conducted in Rhode Island <b>Engage in the business of real estate management</b>									
5. State of Formation <b>6/26/1996</b>											
6. Principal Office Address <b>40 Westminster Street, 2nd Floor</b>				City <b>Providence</b>		State <b>RI</b>		Zip <b>02903</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person											
Contact Name <b>Evan J Granoff</b>					Contact Title <b>Manager</b>						
Street Address <b>40 Westminster Street, 2nd Floor</b>				City <b>Providence</b>		State <b>RI</b>		Zip <b>02903</b>			
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS											
Manager Name <b>Evan J Granoff</b>				Manager Name <b>Lloyd W Granoff</b>							
Street Address <b>40 Westminster Street, 2nd Floor</b>				Street Address <b>40 Westminster Street, 2nd Floor</b>							
City <b>Providence</b>		State <b>RI</b>		Zip <b>02903</b>		City <b>Providence</b>		State <b>RI</b>		Zip <b>02903</b>	
Manager Name <b>Leonard Granoff</b>				Manager Name							
Street Address <b>40 Westminster Street, 2nd Floor</b>				Street Address							
City <b>Providence</b>		State <b>RI</b>		Zip <b>02903</b>		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>Evan J Granoff</b>								Date <b>9/15/19</b>			
Signature of Authorized Person											

**FILED**

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

OCT 07 2019  
BY