



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

**Annual Report for the year: 2020**  
**Corporation**

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

**JAN 13 2020**

**✓ RAMP**

FCR

720752

1. Entity ID Number <b>000117846</b>		2. Exact name of the Corporation <b>STR Grinnell GP Holding, Inc</b>			
3. Principal Office Address <b>6600 Congress Ave</b>			City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33487</b>
4. NAICS Code <b>551111</b>		6. Brief description of the character of business conducted in Rhode Island <b>Holding company</b>			
5. State of Incorporation <b>Nevada</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Carmine Schiavone</b>			Vice-President Name <b>Michael R Peterson</b>		
Street Address <b>6600 Congress Ave</b>			Street Address <b>5757 N Green Bay Ave</b>		
City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33487</b>	City <b>Milwaukee</b>	State <b>WI</b>	Zip <b>53209</b>
Secretary Name <b>Jennifer Leong</b>			Treasurer Name <b>Anthony McGraw</b>		
Street Address <b>6600 Congress Ave</b>			Street Address <b>6600 Congress Ave</b>		
City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33487</b>	City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33487</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Carmine Schiavone</b>			Director Name <b>Anthony McGraw</b>		
Street Address <b>6600 Congress Ave</b>			Street Address <b>6600 Congress Ave</b>		
City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33487</b>	City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33487</b>
Director Name <b>Jennifer Leong</b>			Director Name		
Street Address <b>6600 Congress Ave</b>			Street Address		
City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33487</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000	Common	.01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<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 Representative <b>Terry Reitz</b>				Date <b>1/6/2020</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	