

Annual Report for the year: 2020
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.

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1. Entity ID Number 552158	2. Exact name of the Limited Liability Company GR, LLC				
3. NAICS Code 3. NAICS Code 5. State of Formation RI		scription of the c e building	haracter of business conducted	in Rhode Island	
6. Principal Office Address			City	State	Zip
624 Cranston St.			Providence	RI	029707
7. Mailing Address of Limited Lia	ability Compa	any and Name o			
Contact Name Euclides Grullon			Contact Title Owner		
Street Address 101 Lexington Avenue		City Providence	State RI	^{Zip} 02907	
8. List ALL managers (names a	nd addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS
Manager Name None			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
		<u> </u>		Check the box to	indicate an attachment
9. Resident Agent in Rhode Isla	nd. This infor	mation is currently	of record with the Department of Sta	ite. Changes require filii	ng Form 642.
Under penalty of perjury, I dec statements, and that all states	clare and afi ments conta	firm that I have ined herein are	examined this report, includin true and correct.	g any accompanyin	g schedules and
Name of Authorized Person Euclides Grullon				Date	-1-2020
Signature of Authorized Person	Rullo	ع د عو	TODOUMENT HERE	- · · · · · · ·	

MAIL TO:

Division of Business Services

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

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