Annual Report for the year: $\frac{2020}{}$ 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	2. Exact name of the Limited Liability Company							
162264	GRF ASSOCIATES, LLC							
3. NAICS Code	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island						
236117	Real estate development							
5. State of Formation								
RI								
6. Principal Office Address			City	State	Zip			
c/o Gary D'Ambra, 1481 Wampanoag Trail			East Providence	RI	02915			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name Gary F. D'Ambra			Contact Title Member					
Street Address 1481 Wampanoag Trail			City East Providence	State RI	Zip 02915			
8. List ALL managers (names ar	nd addresses) o	f the Limited Liabil	ity Company, IF APPLICABLE -	DO NOT LIST ME	MBERS			
Manager Name None			Manager Name Nonc					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name None			Manager Name None					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	<u> </u>		CI	neck the box to indi	cate an attachment			
9. The Resident Agent information	on currently of re	cord with the RI D	epartment of State is accurate.	Changes require fi	ing 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								
Name of Authorized Person Gary F. D'Ambra	10-7	1-2020						
Signature of Authorized Person								
X //								

MAIL TO:

Division of Business Services

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

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