



Annual Report for the year: 2021  
 Corporation \_\_\_\_\_

**FILED**

JAN 20 2021

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

1. Entity ID Number 117816		2. Exact name of the Corporation STR Grinnell GP Holding, Inc.			
3. Principal Office Address 6600 Congress Ave			City Boca Raton	State FL	Zip 33487
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island Holding company			
5. State of Incorporation Nevada					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Tracy Long			Vice-President Name Christopher E. Osborne		
Street Address 91 N Mitchell Ct			Street Address 507 E Michigan Street		
City Addison	State IL	Zip 60101	City Milwaukee	State WI	Zip 53202
Secretary Name Jennifer Leong			Treasurer Name Anthony McGraw		
Street Address 6600 Congress Ave			Street Address 6600 Congress Ave		
City Boca Raton	State FL	Zip 33487	City Boca Raton	State FL	Zip 33487
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Tracy Long			Director Name Jennifer Leong		
Street Address 91 N Mitchell Ct			Street Address 6600 Congress Ave		
City Addison	State IL	Zip 60101	City Boca Raton	State FL	Zip 33487
Director Name Anthony McGraw			Director Name		
Street Address 6600 Congress Ave			Street Address		
City Boca Raton	State FL	Zip 33487	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			CWP	1000	.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 Paula M Jung				Date 1/11/2021	
Signature of Authorized Representative <i>Paula M. Jung</i>					

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