RI SOS Filing Number: 202190791070 Date: 2/10/2021 4:00:00 PM

State of Rhode Isla	nd		•	_	•	
Department o	f State - Bu	siness Servi	ices Division		~ ~	
4.3066					R.J. DREPT LBUS SV 2021 FEB 10	
Annual Report for th	e vear: 202	0			FER	
imited Liability Con					ा १८ इस्मिल	
→ Filing period: Septem	•	ber 1			27.00 37.00 37.00 30.00	
→ Filing Fee: \$50.00	5007 77				के लिस	
→ Penalty: Additional \$2	5.00 fee if form	is not filed by De	ecember 1.		F. O. A. C.	
1. Entity ID Number	2. Exact n	ame of the Limite	d Liability Company		<u>8</u>	
001661591	Graceke I	Graceke Design, LLC				
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island				
541410	Interior de	Interior design				
5. State of Formation	$\dashv$					
Rhode Island						
6. Principal Office Address			City	State	Zip	
22 Sextant Lane			Narragansett	RI	02882	
7. Mailing Address of Limited		any and Name or		1		
Contact Name Kristen Martone			Contact Title Member			
Street Address 22 Sextant Lane			City Narragansett	State RI	Zip 02882	
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICAB	BLE - DO NOT LIST	MEMBERS	
Manager Name			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	Zıp	
<del></del>	1	1	<u> </u>	Check the box to	indicate an attachment	
9. The Resident Agent inform	mation currently	of record with the	RI Department of State is accu	rate. Changes requir	re filing Form 642.	
Under penalty of perjury, i statements, and that all st			examined this report, including true and correct.	g any accompanyin	ng schedules and	
Name of Authorized Person				Date		
Kristen Martone				1 1	77 ,202	

MAIL TO:

Division of Business Services

Signature of Authorized Person

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

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

FEB 1 0 202

FORM 632 - Revised: 08/2020