

Annual Report for the year 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.

FILED	٥
SEP 1 6 2021	-
BY	02

1 Entity ID Number							
l '	2. Exact name of the Limited Liability Company						
000/37029	Graz LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531120							
5. State of Formation	REAL Estate Holding						
RI	o o						
6. Principal Office Address			City	State	Zip		
9 ROLLING WOOD Drive			City Lincoln	State	02865		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact NARY ANN Graziano			Contact Title OWNER				
Sireel Aggress Rollingwood Dr			City LINCOLW	State PI	Zip 02865		
8. List ALL managers (names ar	nd addresses) o	f the Limited Liat	ulity Company, IF APPLICABLE	- DO NOT LIST MI	EMBERS		
			Manager Name				
Street Address			Street Address				
Cty	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing 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 Donos							
Mary Ann Graziano				1 - 9/1	16/2021		
Signature of Authorized Person							
Mary ann Arazuno							

MAIL TO:

Division of Business Services

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

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