



State of Rhode Island

## Department of State - Business Services Division

**FILED**

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OCT 06 2021

BY

Annual Report for the year: **2021**

## 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.

|                                                                                                                                                                                                             |             |                                                                                                                             |                                                    |                   |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------|--------------|
| 1. Entity ID Number<br><b>000090195</b>                                                                                                                                                                     |             | 2. Exact name of the Limited Liability Company<br><b>Granoff Holdings, LLC</b>                                              |                                                    |                   |              |
| 3. NAICS Code<br>523110                                                                                                                                                                                     |             | 4. Brief description of the character of business conducted in Rhode Island<br>Engage in the business of making investments |                                                    |                   |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |             |                                                                                                                             |                                                    |                   |              |
| 6. Principal Office Address<br>40 Westminster Street, 2nd Floor                                                                                                                                             |             | City<br>Providence                                                                                                          | State<br>RI                                        | Zip<br>02903      |              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |             |                                                                                                                             |                                                    |                   |              |
| Contact Name<br>Evan J Granoff                                                                                                                                                                              |             |                                                                                                                             | Contact Title<br>Manager                           |                   |              |
| Street Address<br>40 Westminster Street, 2nd Floor                                                                                                                                                          |             | City<br>Providence                                                                                                          | State<br>RI                                        | Zip<br>02903      |              |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>                                                                              |             |                                                                                                                             |                                                    |                   |              |
| Manager Name<br>Evan J Granoff                                                                                                                                                                              |             |                                                                                                                             | Manager Name<br>Lloyd W Granoff                    |                   |              |
| Street Address<br>40 Westminster Street, 2nd Floor                                                                                                                                                          |             |                                                                                                                             | Street Address<br>40 Westminster Street, 2nd Floor |                   |              |
| City<br>Providence                                                                                                                                                                                          | State<br>RI | Zip<br>02903                                                                                                                | City<br>Providence                                 | State<br>RI       | Zip<br>02903 |
| Manager Name<br>Leonard Granoff                                                                                                                                                                             |             |                                                                                                                             | Manager Name                                       |                   |              |
| Street Address<br>40 Westminster Street, 2nd Floor                                                                                                                                                          |             |                                                                                                                             | Street Address                                     |                   |              |
| City<br>Providence                                                                                                                                                                                          | State<br>RI | Zip<br>02903                                                                                                                | City                                               | State             | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |             |                                                                                                                             |                                                    |                   |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |             |                                                                                                                             |                                                    |                   |              |
| <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 Person<br>Evan J Granoff                                                                                                                                                                 |             |                                                                                                                             |                                                    | Date<br>9/30/2021 |              |
| Signature of Authorized Person<br>                                                                                                                                                                          |             |                                                                                                                             |                                                    |                   |              |

## MAIL TO:

Division of Business Services

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