



State of Rhode Island

## Department of State - Business Services Division

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.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------|-----------------------|------------------|--------------|
| 1. Entity ID Number<br><b>1672781</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>Grace's Stuffies, LLC</b>                         |                       |                  |              |
| 3. NAICS Code<br>311999                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>create and sell recipes |                       |                  |              |
| 5. State of Formation<br>RI                                                                                                                                                                                 |       |                                                                                                        |                       |                  |              |
| 6. Principal Office Address<br>1360 New London Avenue                                                                                                                                                       |       |                                                                                                        | City<br>Cranston      | State<br>RI      | Zip<br>02920 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                        |                       |                  |              |
| Contact Name Cheryl R. Ursillo                                                                                                                                                                              |       |                                                                                                        | Contact Title Manager |                  |              |
| Street Address 1360 New London Avenue                                                                                                                                                                       |       |                                                                                                        | City Cranston         | State RI         | Zip 02920    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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            | 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.                                                                         |       |                                                                                                        |                       |                  |              |
| <i>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.</i> |       |                                                                                                        |                       |                  |              |
| Name of Authorized Person<br>Cheryl R. Ursillo                                                                                                                                                              |       |                                                                                                        |                       | Date<br>10-21-21 |              |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                        |                       |                  |              |

## MAIL TO:

## Division of Business Services

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