



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

FEB 21 2023

1067 [Handwritten initials]

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2023

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(7)) is subject to a penalty fee of \$25.00

| | | | | | |
|---|-------|---|------------------------|--------------|-----|
| 1. ID No. 001710821 | | 2. Exact name of the limited liability company 56 GRANITE ST., LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate holding 53110 | | | |
| 5. Principal office address 25 Milrose Avenue | | City Westerly | State RI | Zip 02891 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name William A. Nardone | | | Contact Title Agent | | |
| Street Address 42 Granite Street | | City Westerly | State RI | Zip 02891 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| 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 |
| 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

001710821

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Robert Cahoon 2/9/2023
Signature of Authorized Person Date
Robert Cahoon 2/9/2023
Print or Type Name of Authorized Person