

Annual Report for the year: 2023 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee. \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIL	ED
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APR 1 8 2023

Entity ID Number	2. Exact name of the Limite	2. Exact name of the Limited Liability Company			
001708952	Smokey Gray, LLC	Smokey Gray, LLC			
3. NAICS Code	4. Brief description of the ch	4. Brief description of the character of business conducted in Rhode Island			
531210	Real Estate				
5. State of Formation					
Rhode Island					
6. Principal Office Address	1	City	State	Zip	
151 Delta Drive		Saunderstown	RI	02874	
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person	// / / / / / / / / / / / / / / / / / /		
Contact Name Stuart Green		Contact Title President			
Street Address 151 Delta Drive		City Saunderstown	State RI	Zip 02874	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accur	ate. Changes requir	e filing Form 642.	
	I declare and affirm that I have e tatements contained herein are	• • • • • • •	any accompanyin	g schedules and	
Name of Authorized Person		Date	Date		
Stuart Green		04/12/2023			
Signature of Authorized Pe	rson J. A.	عدم	1		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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