			_	Fee: \$50.00
	State of Rhode Island Office of the Secretary of State			
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
1030	(4)	01) 222-3040		
Limited Liability Co	ompany			
Annual Report Filing Period: Februar	v 1 - Mav 1			
i ning i enou. i ebiuar				
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&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>				
1. ID No. <u>001684596</u>				
2. Exact Name of the Limited Liability Company Gray Goose Cookery LLC				
3. State of Formatio	n			
State: <u>RI</u>				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>442299</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
KITCHENWARES	STORE			
5. Principal Office A	ddress			
No. and Street:	14 MICHAELS WAY			
City or Town:	WESTERLY	State: <u>RI</u>	Zip: <u>02891</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Con	tact Title:			
	14 MICHAELS WAY	_		
City or Town:	WESTERLY	State: <u>RI</u>	Zip: <u>02891</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
SUZANNE LANE 14 MICHAELS WAY WESTERLY , RI 02891				

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

**Signed this 26 Day of April, 2023 at 10:13:42 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>SUZANNE LANE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved