

Annual Report for the year: $\frac{2023}{}$ **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.

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1. Entity ID Number 000850192	2. Exact name of the Limited Liability Company Granite Associates, LLC			
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island Management			
5. State of Formation Rhode Island				
6. Principal Office Address P.O. Box 861		City East Greenwich	State RI	Zip 02818
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person		
Contact Name Edward W. Johnson		Contact Title Member		
Street Address P.O. Box 861		City East Greenwich	State RI	^{Zip} 02818
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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.				
Name of Authorized Person			Date / /	
Edward W. Johnson, Me	mber		3/8/23	
Signature of Authorized Person		-		

FILED

APR 26 2023

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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