		te of Rhode Is		Fee: \$50.00
		f the Secretary	-	
		48 W. River Stre		
Providence RI 02904-2615				
1636		(401) 222-3040)	
Limited Liability C Annual Report Filing Period: Februar				
refusing to file its ann	I.G.L. 7-16-66(d), each bual report within thirty ((b&c)) is subject to a per	30) days after th	ne time prescribed	
ANNUAL REPORT Y	EAR - ENTER THE <u>CURF</u>	<u>RENT</u> FILING YE	AR 2023 : <u>2023</u>	<u>}</u>
1. ID No. <u>001748</u>	3591			
2. Exact Name of th	e Limited Liability Com	ipany <u>Graff Staf</u>	fing and Consult	ing LLC
3. State of Formatic	on			
State: <u>RI</u>				
		ARTICLE III		
-	NCS Code that best dest codes <u>here.</u> More inforn	•	•	
<u>621111</u>				
4. Brief Description Island	of the Character of the	Business Whic	h is Actually Cor	nducted in Rhode
PART-TIME DOC	FOR STAFFING AND) CONSULTIN	G. OR	
	GHTING" SEI			
5. Principal Office A	Address			
No. and Street:	7 WILLOW WAY			
City or Town:	BARRINGTON	State: <u>RI</u>	Zip: <u>02806</u>	Country: <u>USA</u>
6. Mailing Address o	of Limited Liability Com	pany and Name	or Title of Conta	act Person:
Contact Name: Cor				
No. and Street:	7 WILLOW WAY	State: RI	Zip: <u>02806</u>	Country: <u>USA</u>
City or Town:	DAKKINGIUN			
City or Town:	BARRINGTON			
7. RESIDENT AGEN	IN RHODE ISLAND - D Filing of Form 642 - R.I	O NOT ALTER		

REGISTERED AGENTS INC 47 WOOD AVE SUITE 2 BARRINGTON , RI 02806

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

Signed this 8 Day of May, 2023 at 2:36:46 PM 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>ROBIN JONES</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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