



**State of Rhode Island**  
**Department of State - Business Services Division**

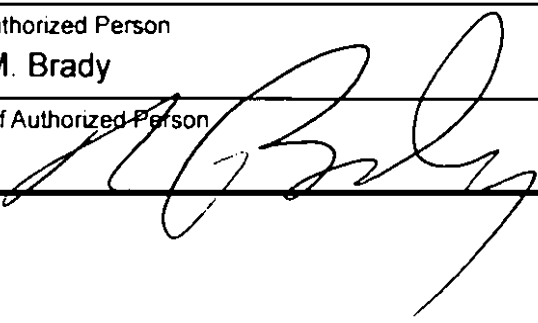
**Annual Report for the year:** 2024  
**Limited Liability Company**

- Filing period: February 1 - May 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

**STAMP**

JAN 22 2024   
SECRETARY OF STATE  
USE ONLY

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|                                                                                                                                                                                                                |  |                                                                                                                |                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>124312</b>                                                                                                                                                                           |  | 2. Exact name of the Limited Liability Company<br><b>Grove Avenue Associates, LLC</b>                          |                    |
| 3. NAICS Code<br><b>53110</b>                                                                                                                                                                                  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Own and rent real estate</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                                |                    |
| 6. Principal Office Address<br><b>One Grove Avenue</b>                                                                                                                                                         |  | City<br><b>East Providence</b>                                                                                 | State<br><b>RI</b> |
| Zip<br><b>02914</b>                                                                                                                                                                                            |  |                                                                                                                |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                |                    |
| Contact Name<br><b>Robert M. Brady</b>                                                                                                                                                                         |  | Contact Title<br><b>Agent</b>                                                                                  |                    |
| Street Address<br><b>One Grove Avenue</b>                                                                                                                                                                      |  | City<br><b>East Providence</b>                                                                                 | State<br><b>RI</b> |
| Zip<br><b>02914</b>                                                                                                                                                                                            |  |                                                                                                                |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                |                    |
| 9. <i>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.</i> |  |                                                                                                                |                    |
| Name of Authorized Person<br><b>Robert M. Brady</b>                                                                                                                                                            |  | Date<br><b>1/18/24</b>                                                                                         |                    |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                                |                    |

**MAIL TO:**

**Division of Business Services**  
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