



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 FEB 20 AM 10:38:02

Annual Report for the year: 2022

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.

|                                                                                                                                                                                                         |  |                                                                                            |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|-------------|
| 1. Entity ID Number<br>001696310                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br>GRACE FISHERIES, LLC                     |             |
| 3. NAICS Code<br>336611                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate |             |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                   |  |                                                                                            |             |
| 6. Principal Office Address<br>26 Old Stone Church Road                                                                                                                                                 |  | City<br>Little Compton                                                                     | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02837                                                                               |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                            |             |
| Contact Name<br>Charles Maguire                                                                                                                                                                         |  | Contact Title<br>Managing Member                                                           |             |
| Street Address<br>26 Old Stone Church Road                                                                                                                                                              |  | City<br>Little Compton                                                                     | State<br>RI |
|                                                                                                                                                                                                         |  | Zip<br>02837                                                                               |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                            |             |
| 9. 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<br>Charles Maguire                                                                                                                                                            |  | Date<br>02/20/2024                                                                         |             |
| Signature of Authorized Person<br>                                                                                                                                                                      |  |                                                                                            |             |

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BY

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MAIL TO:

Division of Business Services

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