

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ 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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4. Entire ID North an	To Ford (45-1)	4 L 17 L			
1. Entity ID Number	2. Exact name of the Limited Liability Company				
001685123	GREP ARCADE, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	REAL ESTATE				
5. State of Formation					
RI					
6. Principal Office Address	1	City	State	Zip	
333 MAIN STREET, UNIT #2		EAST GREENWICH	RI	02818	
7. Mailing Address of Limited I	Liability Company and Name or	Title of Contact Person			
JEFFREY A. CAMMANS		Contact Title MEMBER			
Street Address 333 MAIN STREET, UNIT #2		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.					
	I declare and affirm that I have ements contained herein are	e examined this report, including an true and correct.	y accompanyi	ng schedules and	
Name of Authorized Person		Date			
JEFFREY A. CAMMANS		3/27/24			
Signature of Authorized Perso	n	·	•		
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APR 05 2024

MAIL TO:

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