

## 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.



1. Entity ID Number	2. Exact name of the Lim	2. Exact name of the Limited Liability Company			
001680277	GREIG 1.1.C				
3. NAICS Code	4. Brief description of the	4. Brief description of the character of business conducted in Rhode Island			
722410	BAR	BAR			
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
121 EMPIRE STREET		PROVIDENCE	RI	02903	
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person	•		
Contact Name MICHAEL GREIG		Contact Title MANAGING MEMBER			
Street Address 107 ARTHUR STREET		Crty CRANSTON	State RI	<b>Z</b> ip 02903	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is acco	urate. Changes requ	ire filing Form 642.	
	l declare and affirm that I hav tatements contained herein a	e examined this report, includir re true and correct.	ng any accompanyi	ing schedules and	
Name of Authorized Person		· -	Date		
MICHAEL GREIG			3/6/24		
Signature of Authorized Per	el Suy	<del></del>	•		

## MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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