



State of Rhode Island

Department of State - Business Services Division

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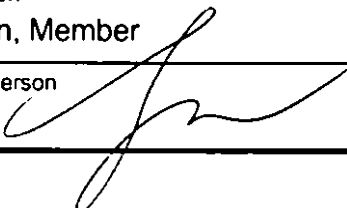
Annual Report for the year: 2024

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<br><b>000850192</b>                                                                                                                                                                     |  | 2. Exact name of the Limited Liability Company<br><b>Granite Associates, LLC</b>                 |                    |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Management</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |  |                                                                                                  |                    |
| 6. Principal Office Address<br><b>P.O. Box 861</b>                                                                                                                                                          |  | City<br><b>East Greenwich</b>                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>02818</b>                                                                              |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                  |                    |
| Contact Name<br><b>Edward W. Johnson</b>                                                                                                                                                                    |  | Contact Title<br><b>Member</b>                                                                   |                    |
| Street Address<br><b>P.O. Box 861</b>                                                                                                                                                                       |  | City<br><b>East Greenwich</b>                                                                    | State<br><b>RI</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>02818</b>                                                                              |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                                  |                    |
| <b>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.</b> |  |                                                                                                  |                    |
| Name of Authorized Person<br><b>Edward W. Johnson, Member</b>                                                                                                                                               |  | Date<br><b>2/14/24</b>                                                                           |                    |
| Signature of Authorized Person<br>                                                                                       |  |                                                                                                  |                    |

FILED

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BY

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**ps**

MAIL TO:

Division of Business Services

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