	State of Rhode Island Fee: \$50.00
	Office of the Secretary of State Division Of Business Services
	148 W. River Street
	Providence RI 02904-2615
1636	(401) 222-3040
Limited Liability Annual Report Filing Period: Feb	
refusing to file its	h R.I.G.L. 7-16-66(d), each limited liability company failing or annual report within thirty (30) days after the time prescribed by -66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPOR	T YEAR - ENTER THE CURRENT YEAR 2025: 2025
1. ID No. <u>001</u>	684770
2. Exact Name of the Limited Liability Company Grieco Hyundai LLC	
3. State of Form	nation
State: <u>RI</u>	
	NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>441110</u>	
4. Brief Descript Island	ion of the Character of the Business Which is Actually Conducted in Rhode
AUTOMOTIVE	ESALES
5. Principal Offic	ce Address
No. and Street:	1890 HARTFORD AVENUE
City or Town:	JOHNSTONState: <u>RI</u> Zip: <u>02919</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name:	
No. and Street:	1890 HARTFORD AVE
City or Town:	<u>SECOND FLOOR</u> JOHNSTON State: <u>RI</u> Zip: <u>02919</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	

SCOTT R OLENSKI 1890 HARTFORD AVENUE JOHNSTON , RI 02919

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 22 Day of January, 2025 at 10:00:36 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By ALISSA RECUPERO

Signature of Authorized Person

Form No. 632 Revised 09/07

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