RI SOS Filing Number: 202563549060 Date: 1/30/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

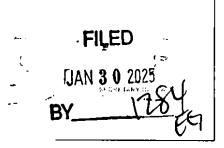
Annual Report for the year: Limited Liability Company

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 Limited Liability Company			
124312	Grove Avenue Associates, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Own and rent real estate			
53110				
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
One Grove Avenue		East Providence	Ri	02914
7. Mailing Address of Limited !	Liability Company and Name or Titl	e of Contact Person		· · · · · · · · · · · · · · · · · · ·
Contact Name Robert M. Brady		Contact Title Agent		
Street Address One Grove Avenue		City East Providence	State RI	^{Z_{IP}} 02914
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 exements contained herein are true		any accompany	ing schedules and
Name of Authorized Person			Date	
Robert M. Brady			1/13/28	
Signature of Authorized Perso				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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