

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year:

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.

2025

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Entity ID Number	2. Exact name of the Limited Liability Company				
001708952	Smokey Gray, LLC				
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island			
531210	Real Estate				
5. State of Formation					
Rhode Island					
6. Principal Office Address	Ci	ty	State	Zip	
151 Delta Drive	S	aunderstown	RI	02874	
7. Mailing Address of Limite	d Liability Company and Name or Title of G	Contact Person		· · · · · · · · · · · · · · · · · · ·	
Contact Name Stuart Green		Contact Title President			
Street Address 151 Delta Drive		^{ty} Saunderstown	State RI	^{7ip} 02874	
8. The Resident Agent info	mation currently of record with the RI Department	artment of State is accurat	e. Changes require	e filing Form 642.	
9. Under penalty of perjustatements, and that all s	y, I declare and affirm that I have exami tatements contained herein are true and	ned this report, including correct.	g any accompany	ring schedules and	
Name of Authorized Person			Date		
Stuart Green			4/14/2025		
Signature of Authorized Pe	PPO /				

MAIL TO:

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