RI SOS Filing Number: 202572873550 Date: 5/8/2025 3:07:00 PM



State of Rhode Island Department of State - Business Services Division

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001737337	Grace Capital LLC				
3. NAICS Code 5223 \ 5. State of Formation RI	Brief description of the character of business conducted in Rhode Island Commercial mortgage broker and hard money lender				
6. Principal Office Address	<u> </u>	City	State	Zip	
160 Plainfield St	Providence		RI	02909	
7. Mailing Address of Limited Lia	ibility Company and Name or T	itle of Contact Person			
Contact Name Dawn F. Olive	ri, ESQ, Contact Title Resident Agent				
Street Address 160 Plainfield St		City Providence	State	^{z_{ip}} 02909	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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.					
Name of Authorized Person HVGO BEGO		Date 5/	Date 5/8/2025		
Signature of Authorized Person					

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MAIL TO:

Division of Business Services

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

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