State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ___2007___

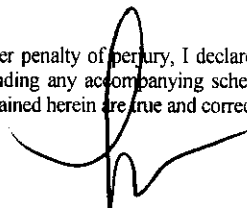**Filing Period:** September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No. 86952	*2. Exact name of the limited liability company* **Gemma Realty, LLC**			

3. State of Formation **Rhode Island**	*4. Brief description of the character of the business which is actually conducted in Rhode Island* **Real estate investment and leasing.**			

5. Principal office address **One Wellington Road**		*City* **Lincoln**	*State* **RI**	*Zip* **02865**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name **Leonard P. Gemma**		*Contact Title* **Member**		
Street Address **One Wellington Road**		*City* **Lincoln**	*State* **RI**	*Zip* **02865**

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name			*Manager Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Manager Name			*Manager Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name **Orson and Brusini Ltd.**	*Address*		
Address **325 Angell Street, Providence RI 02906**	*City*	*Zip*	

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

File Date _____ **FILED** **OCT 29 2007** Check No. _____ **By 385** By: _____ FOR SECRETARY OF STATE USE ONLY

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.

_____   _____
Signature of Authorized Person   *Date*

Leonard P. Gemma, Member
_____
Print or Type Name of Authorized Person

Form 632 Rev. 07/07