



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 2010**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*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.<br><b>86952</b>   |       | 2. Exact name of the limited liability company<br><b>Gemma Realty, LLC</b>  |                                |                     |     |
| 3. State of Formation<br><b>Rhode Island</b>  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Real estate investment and leasing.</b> |                                |                     |     |
| 5. Principal office address<br><b>One Wellington Road</b>   |       | City<br><b>Lincoln</b>  | State<br><b>RI</b>             | Zip<br><b>02865</b> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |   |                                |                     |     |
| Contact Name<br><b>Leonard P. Gemma</b>   |       |   | Contact Title<br><b>Member</b> |                     |     |
| Street Address<br><b>One Wellington Road</b>  |       | City<br><b>Lincoln</b>  | State<br><b>RI</b>             | Zip<br><b>02865</b> |     |
| <b>7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS (✓) BOX FOR ATTACHMENT <input type="checkbox"/> |       |   |                                |                     |     |
| 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 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |   |                                |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Orson and Brusini Ltd.   |       |   |                                |                     |     |

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
 OCT 22 PM 3:47

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

**FILED**

File Date **OCT 22 2010**

Check No. **BY [Signature]**

By **19633**

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 [Signature] Date 9/3/10

**Leonard P. Gemma, Member**

Print or Type Name of Authorized Person