STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No. **96993**	2. Exact name of the limited liability company **GEM Park Place, LLC**
3. State of Formation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Real Estate**

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

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

Contact Name	Contact Title
Kevin M. Daley, Esq.	**Attorney**

Street Address	City	State	Zip
300 Jefferson Boulevard, Suite 105	**Warwick**	**RI**	**02888**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("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
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED

OCT 14 2014

BY 1964

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 10/1/14

Len Gemma
Print or Type Name of Authorized Person

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form No. 632
Revised: 01/2012

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