



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. 96181		2. Exact name of the limited liability company GHG Northeast Investors LLC		
3. State of Formation MASSACHUSETTS		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE - RENTALS		
5. Principal office address 120 Forbes Blvd.		City Mansfield	State MA	Zip 02048
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name Marc S. Plonskier		Contact Title President, The Gatehouse Group, Inc., Mgr.		
Street Address 120 Forbes Blvd.		City Mansfield	State MA	Zip 02048
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) <input type="checkbox"/>				
Manager Name The Gatehouse Group, Inc.		Manager Name		
Street Address 120 Forbes Blvd.		Street Address		
City Mansfield	State MA	Zip 02048	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name DAVID J. CANAPERI		Address		
Address 515 OCEAN AVENUE		City NEWPORT	Zip 02840	

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

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 8/30/07
 Marc S. Plonskier
 Print or Type Name of Authorized Person

File Date 9-7-07
 Check No. 3517
 By:
 FOR SECRETARY OF STATE USE ONLY