RI SOS Filing Number: 200702357730 Date: 10/04/2007 4:00 PM

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

*A. Ralph Mollis, Secretary of State*
*Corporations Division*
*100 W. River Street*
*Providence, RI 02903-1335*
*(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. | 2. Exact name of the limited liability company |
|---|---|
| 87255 | The Ginalski Family Company, llc. |

| 3. State of formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| Rhode Island | Purchasing, holding, and selling real and personal property |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 24 Tyler Point Road | Barrington | RI | 02806 |

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

| Contact Name | Contact Title |
|---|---|
| Bernice M. Ginalski | Operations Manager |

| Street Address | City | State | Zip |
|---|---|---|---|
| 24 Tyler Point Road | Barrington | RI | 02806 |

**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 | Address | |
|---|---|---|
| Deborah DiNardo Esq. | 180 South Main Street | |
| Address | City | Zip |
| Partridge Snow & Hahn LLP | Providence | 02903 |

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

[redacted] [redacted]

**FILED**
*File Date* OCT 04 2007
*Check No.* 57788
*By*
*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.

Deborah D. Ellingston
Bernice M. Ginalski
*Signature of Authorized Person* *Date*

Bernice M. Ginalski
*Print or Type Name of Authorized Person*

[redacted]

15482-33-194411

Form 632 Rev. 07/07