



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 02903-2045
(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. 87255		2. Exact name of the limited liability company The Ginalski Family Company, llc.			
3. State of formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchasing, holding, and selling real and personal property			
5. Principal office address 24 Tyler Point Road		City Barrington	State RI	Zip 02806	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Bernice M. Ginalski		Contact Title Operations Manager			
Street Address 24 Tyler Point Road		City Barrington	State RI	Zip 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 Deborah DiNardo Esq.		Address 180 South Main Street			
Address Partridge Snow & Hahn LLP		City Providence	Zip 02903		

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

FILED	
File Date OCT 04 2007	95:2100 100102
Check No. 57788	
By Bernice M. Ginalski	
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.

Bernice M. Ginalski
Signature of Authorized Person Date

Bernice M. Ginalski

Print or Type Name of Authorized Person