



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3046

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>142795</b>		2. Exact name of the limited liability company <b>GTS 475 Tiogue LLC</b>	
3. State of Formation <b>RI</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Commercial Office Leasing</b>	
5. Principal office address <b>2358 South County Trail</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Allen B. Cammons Jr.</b>		Contact Title <b>Managing Member, President</b>	
Street Address <b>2358 South County Trail</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>John G. Sommer</b>		Manager Name <b>Roxanne Tafuri</b>	
Street Address <b>132 Meadow Street</b>		Street Address <b>2358 South County Trail</b>	
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>East Greenwich</b>
			State <b>RI</b>
			Zip <b>02818</b>
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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		Address	
Address		City	Zip
			<b>5</b>

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

2007 NOV 29 11:01

<b>FILED</b>	
File Date	<b>NOV 29 2007</b>
Check No.	<b>043326 11/01</b>
By:	<b>[Signature]</b>
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

Date

**11/16/07**

Print or Type Name of Authorized Person