RI SOS Filing Number: 200703536260 Date: 11/29/2007 4:00 PM

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*
*401-222-3040*

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

***(FORM MUST BE TYPED OR PRINTED IN BLACK)***

| 1. ID No. | 2. Exact name of the limited liability company |
|---|---|
| 142795 | GTS 475 Tiogue, LLC |

| 3. State of Formation | 4. Brief description of the character of the business which is actually conducted in Rhode Island |
|---|---|
| RI | Commercial Office Leasing |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 6899 Post Rd | No. Kingstown | RI | 02852 |

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

| Contact Name | Contact Title |
|---|---|
| Allen B. Gammons, Jr. | Managing Member, Pres |

| Street Address | City | State | Zip |
|---|---|---|---|
| 6899 Post Rd | No Kingstown | RI | 02852 |

**7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE**
**FILL IN SPACES BEFORE USING ATTACHMENTS** *("X" BOX FOR ATTACHMENT)* ☐
**ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52**

| Manager Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| John G. Sommer | 6899 Post Rd | No Kingstown | RI | 02852 |
| Roxanne Tafari | 6899 Post Rd | No Kingstown | RI | 02852 |
| | | | | |
| | | | | |

**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 | City | Zip |
|---|---|---|---|
| | | | |

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

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* 9/25/06

John G. Sommer, Member
*Print or Type Name of Authorized Person*

| | |
|---|---|
| *File Date* | FILED |
| *Check No.* | NOV 29 2007 |
| *By:* | By 043326 11/01 |

16297-5-197304
*FOR SECRETARY OF STATE USE ONLY*

Form 632 Rev. 7/03