



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 02903-1333  
(401) 222-3044

**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. <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>6899 Post Rd</b>		City <b>No. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Allen B. Gammons, Jr.</b>			Contact Title <b>Managing Member, Pres</b>		
Street Address <b>6899 Post Rd</b>		City <b>No Kingstown</b>	State <b>RI</b>	Zip <b>02852</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>Rexanne Tataru</b>		
Street Address <b>6899 Post Rd</b>			Street Address <b>6899 Post Rd</b>		
City <b>No Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>No Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
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		
Address			City	State	Zip

2007 NOV 29 PM 11:01

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

File Date	<b>FILED</b>
Check No.	<b>NOV 29 2007</b>
By:	<b>By 043326 11/01</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]*  
Signature of Authorized Person  
Date **9/25/06**  
**John G. Sommer, Member**  
Print or Type Name of Authorized Person