



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 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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

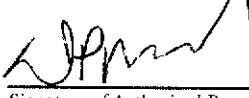
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 143068		2. Exact name of the limited liability company GPM10, LLC	
3. State of Formation DE		4. Brief description of the character of the business which is actually conducted in Rhode Island Lessee of Properties	
5. Principal office address 7443 Lee Davis Road, Suite 301		City Mechanicsville	State VA
		Zip 23111	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Thomas M. Terry		Contact Title Special Assistant to the CEO	
Street Address 7443 Lee Davis Road, Suite 301		City Mechanicsville	State VA
		Zip 23111	
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) <input type="checkbox"/>			
Manager Name Donald P. Bassell		Manager Name	
Street Address 9566 Plateau Place		Street Address	
City Mechanicsville	State VA	City	State
Zip 23116		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 National Registered Agents, Inc.		Address 222 Jefferson Boulevard, Suite 200	
Address		City Warwick, RI	Zip 02888

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

File Date	FILED
Check No.	SEP 26 2008
By	66181
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.

 **09/24/08**
Signature of Authorized Person Date
Donald P. Bassell
Print or Type Name of Authorized Person