



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

2008

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 114473	2. Exact name of the limited liability company GIA LLC				
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE INVESTMENT			
5. Principal office address 577 KILWAY ST		City PROVIDENCE	State RI	Zip 02913	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MARIL TANTIMONACO			Contact Title MANAGER		
Street Address 45 Amy Drive		City PROVIDENCE	State RI	Zip 02911	
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 MARIL TANTIMONACO			Manager Name GARY TANTIMONACO		
Street Address 45 Amy Drive			Street Address 41 Susan Circle		
City PROVIDENCE	State RI	Zip 02911	City PROVIDENCE	State RI	Zip 02919
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

File Date	2-27-09
Check No.	350
By:	mmc
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
MARIL TANTIMONACO
Date
2/27/09
Print or Type Name of Authorized Person