



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129738		2. Exact name of the limited liability company GIOBELLA REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To acquire, own, operate, lease and sell real property and improvements			
5. Principal office address 2 Williams Street		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Giovan B. Calapai		Contact Title .			
Street Address 2 Williams Street		City Providence	State RI	Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/> <input type="checkbox"/> 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 Giovan B. Calapai		Manager Name N/A			
Street Address 2 Williams Street		Street Address .			
City Providence	State RI	Zip 02903	City .	State .	Zip .
Manager Name N/A		Manager Name N/A			
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 SCOTT A. RITCH, ESQ.		Address 2 WILLIAMS STREET			
Address .		City PROVIDENCE		Zip 02903-	

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



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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

GIOVAN B. CALAPAI

Print or Type Name of Authorized Person

\*129738 DLLC 09/08/04 12:24:34 PM\*

File Date 10/1/04

Check No. 14

By: DA

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