

## State of Rhode Island and Providence Plantations Office of the Secretary of State

OF PART OF	9 Providence,	rporations Division -8 W. River Street -3 Chode Island 02904-2615
Limited Liabi Annual Repo Filing Period: Se		?
to file its annual r	th R.I.G.L. 7-16-66(d), each limite report within thirty (30) days after subject to a penalty fee of \$25.00	Help with this form  in prescribed by law (R.I.G.L.
ANNUAL REPO	ORT YEAR: 2009	
1. ID No. 0	00138212	
2. Exact Name	of the Limited Liability Compa	ar; GGA, LLC
3. State of For	mation	
PROPERTY N	MANAGEMENT/RETAIL (A ER:	FILED  OCT 02 2009  By
5. Principal Offi	ce Address	CN # 1186
No. and Street:	5 MILLER STREET	
City or Town:	WARREN	State: RI Zip: 02885 Country: USA
6. Mailing Addr	ess of Limited Liability Comp.	and Name or Title of Contact Person:
Contact Name: No. and Street:	5 MILLER STREET	Contact Title:
City or Town:	WARREN	State: RI Zip: 02885 Country: USA
7. Name and Ad	dress of Each Manager of th	eed Liability Company, if Applicable.

First Name:	Middle Name:	Last Name:	Suffix:
Address:	City:	State: Zip:	Country: Add
	NT IN RHODE ISLAND - DC e Filing of Form 642 - R.I.G		
GENE P. OBERH	HAUSER 5 MILLER STREE	MARREN, RI 02885-	
9. This report mus	it be executed by an autho:	d person pursuant to R.I.G.L.	7-16-66 (b).
Filer's Contact Inf (Enter a contact na Contact Name:	ormation me, mailing address and em		
Business Name:	TIL FOR COLOR FOR FOR FOR FOR FOR FOR THE STATE OF THE ST		
No. and Street:	ANNAMARA M. D	- Same Address as -	W Section 1
3	AMMARAMA IN	government and the contract of	granden ( ) and a second
City or Town:		State: Zin:	Country
Contact Phone: Contact Email:	email address to receive	State:   Zip;	Clear
Contact Phone: Contact Email: Please provide an the filing is rejected Division will be seen as a signature of the interpretation of	email address to receive: ed for any reason. If no email, nt by mail.  of October, 2009 at 8:28:28 edividual or individuals signification of the signatory, under pearled deed or the act and deed of	AM by the authorized per this instrument constitutes the company, and that the factorized per the company, and the company that the factorized per the company, and the company that the company the company that the company t	Clear Corporations Division if ndence from the reson. This electronic the affirmation or ument is that acts stated herein are
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Contact Phone: Contact Email: Please provide an the filing is rejected Division will be seen acknowledgement individual's act and true, as of the date.  By  Signature of A	email address to receive and for any reason. If no email, and by mail.  y of October, 2009 at 8:28:33 addividual or individuals significant of the signatory, under period deed or the act and deed of the electronic filling, in a continuous substitution of the electronic filling, in a continuous substitution of document is substitutional and so action artists.  O Accept	AM by the authorized per this instrument constitutes the company, and that the fampliance with R.I. Gen. Law an ampliance with a compliance with a complianc	Clear corporations Division if ndence from the reson. This electronic the affirmation or the affirmation are sets stated herein are sets \$7-16.  FILED  OCT 02 2005  By MAC  HER. I.