



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 2009

**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.<br><b>150770</b>                                                                                                                                                                                    |                    | 2. Exact name of the limited liability company<br><b>Gateway Holdings, LLC</b>                                                     |                     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>realty holding company</b> |                     |
| 5. Principal office address<br><b>c/o General Treasurer, 40 Fountain St., 4th floor</b>                                                                                                                       |                    | City<br><b>Providence</b>                                                                                                          | State<br><b>RI</b>  |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br><b>Mark A. Dingley</b>                                                                                |                    | Contact Title<br><b>manager</b>                                                                                                    | Zip<br><b>02903</b> |
| Street Address<br><b>c/o General Treasurer, 40 Fountain St., 4th floor</b>                                                                                                                                    |                    | City<br><b>Providence</b>                                                                                                          | State<br><b>RI</b>  |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    | Zip<br><b>02903</b>                                                                                                                |                     |
| Manager Name<br><b>Mark A. Dingley</b>                                                                                                                                                                        |                    | Manager Name                                                                                                                       |                     |
| Street Address<br><b>c/o General Treasurer, 40 Fountain St., 4th floor</b>                                                                                                                                    |                    | Street Address                                                                                                                     |                     |
| City<br><b>Providence</b>                                                                                                                                                                                     | State<br><b>RI</b> | City                                                                                                                               | State               |
| Zip<br><b>02903</b>                                                                                                                                                                                           |                    | Zip                                                                                                                                |                     |
| Manager Name                                                                                                                                                                                                  |                    | Manager Name                                                                                                                       |                     |
| Street Address                                                                                                                                                                                                |                    | Street Address                                                                                                                     |                     |
| City                                                                                                                                                                                                          | State              | City                                                                                                                               | State               |
| Zip                                                                                                                                                                                                           |                    | Zip                                                                                                                                |                     |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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                                   |                    |                                                                                                                                    |                     |

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

150770

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 Mark A. Dingley Date 9/23/09  
Mark A. Dingley  
Print or Type Name of Authorized Person

|                                 |                             |
|---------------------------------|-----------------------------|
| File Date                       | <u>10/13/2001</u>           |
| Check No.                       | <u>See voucher attached</u> |
| By:                             | <u>KAC</u>                  |
| FOR SECRETARY OF STATE USE ONLY |                             |

Journal's (ST of RI) - J10067EAL0908A 08-SEP-2009 09:08:03

|                  |                                                           |                |             |            |             |          |            |              |          |
|------------------|-----------------------------------------------------------|----------------|-------------|------------|-------------|----------|------------|--------------|----------|
| Journal          | J10067EAL0908A                                            | Effective Date | 08-SEP-2009 | Conversion | Currency    | USD      | Status     | Posting      | Unposted |
| Period           | SEP-2009                                                  | Source         | Manual      | Date       | 08-SEP-2009 | Type     | User       | Funds        | Passed   |
| Category         | Adjustment                                                | Budget         |             | Rate       | 1           | Approval | In Process |              |          |
| Balance Type     | Actual                                                    |                |             |            |             |          |            |              |          |
| Reference Date   |                                                           |                |             |            |             |          |            |              |          |
| Description      | Ref.150770 Gateway Holdings, LLC. Payment of Annual Repor |                |             |            |             |          |            |              |          |
| Reference        | Elizabeth A. Leach 222-8571                               |                |             |            |             |          |            |              |          |
| Clearing Company |                                                           | Control Total  |             | Reverse    | Date        |          | Method     | Switch Dr/Cr |          |
|                  |                                                           |                |             | Period     |             |          | Status     | Not Reversed |          |

| Line | Account                           | Debit (USD) | Credit (USD) | Description                                             |
|------|-----------------------------------|-------------|--------------|---------------------------------------------------------|
| 10   | 10.10.067.1960102.03.643200.00000 | 50.00       |              | Ref.150770 Gateway Holdings, LLC. Payment of Annual Rep |
| 20   | 10.10.065.1855996.01.422000.00000 |             | 50.00        | Ref.150770 Gateway Holdings, LLC. Payment of Annual Rep |
|      |                                   |             |              |                                                         |
|      |                                   |             |              |                                                         |
|      |                                   |             |              |                                                         |
|      |                                   |             |              |                                                         |
|      |                                   | 50.00       | 50.00        |                                                         |

Account Description  
FY 2010.GENERAL STATE, DEPARTMENT OF FEES FOR FILING OF CORP D.GENERAL REVENUE.LCM/FEES:FEES.Undefined/BONDS 2000

Approve Line Drilldown... T Accounts...  
Check Funds Unreserve Funds View Results Change Period... Change Currency...

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