RI SOS Filing Number: 200952444000 Date: 10/13/2009 4:00 PM

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.	2. Exact name of the limited liability company		
150770	Gateway Holdings, LLC		
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**		
Rhode Island	realty holding company		
5. Principal office address	**City**	**State**	**Zip**
c/o General Treasurer, 40 Fountain St., 4th floor	Providence	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Mark A. Dingley	manager		
Street Address	**City**	**State**	**Zip**
c/o General Treasurer, 40 Fountain St., 4th floor	Providence	RI	02903

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	Manager Name
Mark A. Dingley	
Street Address	Street Address
c/o General Treasurer, 40 Fountain St., 4th floor	
City / State / Zip	City / State / Zip
Providence / RI / 02903	
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

2009 OCT 13 P 12:00

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

[redacted] 150770 [redacted]

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* 9/23/09

[redacted]

Mark A. Dingley
Print or Type Name of Authorized Person

File Date 10/13/2001
Check No. See Voucher attached
By: KMC
FOR SECRETARY OF STATE USE ONLY
39056-2-366120

Form 632 Rev. 08/08