



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

No Fee

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2009

1. ID No. 000127603

2. Exact Name of the Limited Liability Company The Gatherem, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REAL ESTATE HOLDING COMPANY

5. Principal Office Address

No. and Street: 24 WEST 11TH STREET

City or Town: NEW YORK

State: NY

Zip: 10011

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JOSEPH AZRACK Contact Title: MR

No. and Street: 24 WEST 11TH STREET

City or Town: NEW YORK

State: NY

Zip: 10011

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JOSEPH F. AZRACK MR.	24 WEST 11TH STREET NEW YORK, NY 10011 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ARTHUR W. MURPHY, ESQ. EDWARDS & ANGELL, LLP 130 BELLEVUE AVENUE NEWPORT , RI
02840-

Signed this 23 Day of October, 2009 at 2:23:36 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SS// JOSEPH F. AZRACK
Signature of Authorized Person

Form No. 632
Revised 09/07

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