



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 2009

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|                                                                                                                                                                                                                                                                                    |             |                                                                                                                             |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------|---------------|
| 1. ID No.<br>141569                                                                                                                                                                                                                                                                |             | 2. Exact name of the limited liability company<br>GALLUCCI PROPERTIES, LLC                                                  |               |
| 3. State of Formation<br>RHODE ISLAND                                                                                                                                                                                                                                              |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Real estate management |               |
| 5. Principal office address<br>7 ROGER ROAD                                                                                                                                                                                                                                        |             | City<br>JOHNSTON                                                                                                            | State<br>RI   |
|                                                                                                                                                                                                                                                                                    |             | Zip<br>02919-                                                                                                               |               |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                                                                                               |             |                                                                                                                             |               |
| Contact Name<br>Stephen J. DiGianfilippo, Esq.                                                                                                                                                                                                                                     |             | Contact Title                                                                                                               |               |
| Street Address<br>50 Park Row West, Suite 111                                                                                                                                                                                                                                      |             | City<br>Providence                                                                                                          | State<br>RI   |
|                                                                                                                                                                                                                                                                                    |             | Zip<br>02903                                                                                                                |               |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE<br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52 |             |                                                                                                                             |               |
| Manager Name<br>Edward T. Gallucci                                                                                                                                                                                                                                                 |             | Manager Name                                                                                                                |               |
| Street Address<br>7 Roger Road                                                                                                                                                                                                                                                     |             | Street Address                                                                                                              |               |
| City<br>Johnston                                                                                                                                                                                                                                                                   | State<br>RI | City                                                                                                                        | State         |
| Zip<br>02919                                                                                                                                                                                                                                                                       |             | Zip                                                                                                                         |               |
| Manager Name                                                                                                                                                                                                                                                                       |             | Manager Name                                                                                                                |               |
| Street Address                                                                                                                                                                                                                                                                     |             | Street Address                                                                                                              |               |
| City                                                                                                                                                                                                                                                                               | State       | City                                                                                                                        | State         |
| Zip                                                                                                                                                                                                                                                                                |             | 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<br>STEPHEN J. DIGIANFILIPPO, ESQ.                                                                                                                                                                                                                                       |             | Address<br>50 PARK ROW WEST, SUITE 111                                                                                      |               |
| Address<br>VIEIRA & DIGIANFILIPPO LTD.                                                                                                                                                                                                                                             |             | City<br>PROVIDENCE                                                                                                          | Zip<br>02903- |

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SECRETARY OF STATE  
CORPORATIONS DIVISION

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.

Edward T. Gallucci 9/27/09  
Signature of Authorized Person Date

Edward T. Gallucci, Manager

Print or Type Name of Authorized Person

|                                 |            |
|---------------------------------|------------|
| File Date                       | 10-30-09   |
| Check No.                       | 1498       |
| By:                             | <u>MNC</u> |
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