



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. 374199		2. Exact name of the limited liability company Gem Institute for Performance Excellence, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Business development and training and any other lawful purpose			
5. Principal office address One Wellington Road		City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Anthony P. Gemma			Contact Title Manager		
Street Address One Wellington Road		City Lincoln	State RI	Zip 02865	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Leonard P. Gemma			Manager Name Larry T. Gemma		
Street Address One Wellington Road			Street Address One Wellington Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Manager Name Edward J. Gemma			Manager Name Anthony P. Gemma		
Street Address One Wellington Road			Street Address One Wellington Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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 Orson and Brusini Ltd.					

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

2009 NOV 12 PM 1:36

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

Anthony P. Gemma, Manager

Print or Type Name of Authorized Person

File Date FILED
Check No NOV 12 2009
By: By 4925
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