



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. 143295		2. Exact name of the limited liability company The Geller Family LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island owning, buying, selling real estate and the management of assets			
5. Principal office address 51 West Blue Ridge Road		City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Gayle Ann St. Germain			Contact Title Manager		
Street Address 25 Graham Way		City East Greenwich	State RI	Zip 02818	
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) <input type="checkbox"/>					
Manager Name Gayle Ann St. Germain			Manager Name		
Street Address 25 Graham Way		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
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					

FILED
NOV 23 2009
By 104459

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

143295

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.

Gayle Ann St. Germain 11-19-09
Signature of Authorized Person Date

Gayle Ann St. Germain

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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