



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 2010

**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.<br>153222                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>Gaskell & Giovannini, 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>Law Office |                                 |              |     |
| 5. Principal office address<br>945 Park Avenue - Suite 101                                                                                                                                                    |       | City<br>Cranston                                                                                                | State<br>RI                     | Zip<br>02910 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                 |                                 |              |     |
| Contact Name<br>John T. Gaskell                                                                                                                                                                               |       |                                                                                                                 | Contact Title<br>Partner/Member |              |     |
| Street Address<br>945 Park Avenue - Suite 101                                                                                                                                                                 |       | City<br>Cranston                                                                                                | State<br>RI                     | Zip<br>02910 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                 |                                 |              |     |
| Manager Name                                                                                                                                                                                                  |       |                                                                                                                 | Manager Name                    |              |     |
| Street Address                                                                                                                                                                                                |       |                                                                                                                 | Street Address                  |              |     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                             | City                            | State        | Zip |
| Manager Name                                                                                                                                                                                                  |       |                                                                                                                 | Manager Name                    |              |     |
| Street Address                                                                                                                                                                                                |       |                                                                                                                 | Street Address                  |              |     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                             | City                            | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>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                                   |       |                                                                                                                 |                                 |              |     |

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

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SECRETARY OF STATE  
OCT 21 AM 11:22

153222

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| <b>FILED</b>                        |             |
| File Date                           | OCT 21 2010 |
| Check No.                           | 129343      |
| By:                                 |             |
| BY  FOR SECRETARY OF STATE USE ONLY |             |

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.

10/20/10  
Signature of Authorized Person Date  
John T. Gaskell  
Print or Type Name of Authorized Person