AL ON	State of Rhode leland and Dre	widence Plantations
	State of Rhode Island and Pro Office of the Secreta	
v	Division Of Business	s Services
	148 W. River S	
v	Providence RI 029	
50 50	(401) 222-304	
Cary of	· · · ·	
imited Liability C Innual Report	ompany	
iling Period: Septemb	er 1 - November 1	
n accordance with R.I	.G.L. 7-16-66(d), each limited liability com	pany failing or refusing to
	thin thirty (30) days after the time prescribe	ed by law (R.I.G.L.
-16-66(b&c)) is subjec	ct to a penalty fee of \$25.00.	
ANNUAL REPORT YE	EAR: <u>2010</u>	
1. ID No. <u>000131</u>	. <u></u>	
2. Exact Name of th	e Limited Liability Company Gansett A	Associates, LLC
3. State of Formatic)n	
State: <u>RI</u>		
SALE DEVELOPN	IENT AND MANAGEMENT OF CO	MMERCIAL AND RESIDENTIAL REA
ESTATE.	dress	
ESTATE. 5. Principal Office A		
ESTATE. 5. Principal Office A No. and Street:	ddress 22 MORGAN DRIVE NARRAGANSETT State:	
ESTATE. 5. Principal Office A No. and Street: City or Town:	22 MORGAN DRIVE	<u>RI</u> Zip: <u>02882</u> Country: <u>USA</u>
ESTATE. 5. Principal Office A No. and Street: City or Town: 6. Mailing Address of	22 MORGAN DRIVENARRAGANSETTState:	<u>RI</u> Zip: <u>02882</u> Country: <u>USA</u> e or Title of Contact Person:
ESTATE. 5. Principal Office A No. and Street: City or Town: 6. Mailing Address of Contact Name: <u>KIR</u>	22 MORGAN DRIVE NARRAGANSETT State: of Limited Liability Company and Name	<u>RI</u> Zip: <u>02882</u> Country: <u>USA</u> e or Title of Contact Person:
ESTATE. 5. Principal Office A No. and Street: City or Town: 6. Mailing Address of Contact Name: <u>KIR</u> No. and Street:	22 MORGAN DRIVE NARRAGANSETT State: of Limited Liability Company and Name K.E. PICKELL Contact Title: OPERATING	<u>RI</u> Zip: <u>02882</u> Country: <u>USA</u> e or Title of Contact Person: <u>E MANAGER</u>
ESTATE. 5. Principal Office A No. and Street: City or Town: 6. Mailing Address of Contact Name: <u>KIR</u> No. and Street: City or Town:	22 MORGAN DRIVE NARRAGANSETT State: of Limited Liability Company and Name X E. PICKELL Contact Title: OPERATING 22 MORGAN DRIVE NARRAGANSETT State: ass of Each Manager of the Limited Liab	<u>RI</u> Zip: <u>02882</u> Country: <u>USA</u> e or Title of Contact Person: <u>S MANAGER</u> <u>RI</u> Zip: <u>02882</u> Country: <u>USA</u>
ESTATE. 5. Principal Office A No. and Street: City or Town: 6. Mailing Address of Contact Name: <u>KIRP</u> No. and Street: City or Town: 7. Name and Address	22 MORGAN DRIVE NARRAGANSETT State: of Limited Liability Company and Name X E. PICKELL Contact Title: OPERATING 22 MORGAN DRIVE NARRAGANSETT State: ass of Each Manager of the Limited Liab	<u>RI</u> Zip: <u>02882</u> Country: <u>USA</u> e or Title of Contact Person: <u>S MANAGER</u> <u>RI</u> Zip: <u>02882</u> Country: <u>USA</u>
ESTATE. 5. Principal Office A No. and Street: City or Town: 6. Mailing Address of Contact Name: <u>KIRH</u> No. and Street: City or Town: 7. Name and Address DO NOT LIST MEM	22 MORGAN DRIVE NARRAGANSETT State: of Limited Liability Company and Name X E. PICKELL Contact Title: OPERATING 22 MORGAN DRIVE NARRAGANSETT State: Ss of Each Manager of the Limited Liab MBERS	RI Zip: 02882 Country: USA e or Title of Contact Person: S MANAGER RI Zip: 02882 Country: USA oility Company, if Applicable.
ESTATE. 5. Principal Office A No. and Street: City or Town: 6. Mailing Address of Contact Name: <u>KIRH</u> No. and Street: City or Town: 7. Name and Address DO NOT LIST MEM	22 MORGAN DRIVE NARRAGANSETT State: of Limited Liability Company and Name CE. PICKELL Contact Title: OPERATING 22 MORGAN DRIVE NARRAGANSETT State: State: State: MARRAGANSETT State: State: State: Individual Name OPERATION	RI Zip: 02882 Country: USA e or Title of Contact Person: E MANAGER RI Zip: 02882 Country: USA oility Company, if Applicable.
ESTATE. 5. Principal Office A No. and Street: City or Town: 6. Mailing Address of Contact Name: <u>KIRH</u> No. and Street: City or Town: 7. Name and Address DO NOT LIST MEN Title	22 MORGAN DRIVE NARRAGANSETT State: of Limited Liability Company and Name of Limited Liability Company and Name X E. PICKELL Contact Title: OPERATING 22 MORGAN DRIVE NARRAGANSETT State: Ss of Each Manager of the Limited Liab MBERS Individual Name First, Middle, Last, Suffix	RI Zip: 02882 Country: USA e or Title of Contact Person: E MANAGER RI Zip: 02882 Country: USA oility Company, if Applicable. Address Address, City or Town, State, Zip Code, Country 22 MORGAN DRIVE
ESTATE. 5. Principal Office A No. and Street: City or Town: 6. Mailing Address of Contact Name: <u>KIR</u> No. and Street: City or Town: 7. Name and Address DO NOT LIST MEN Title MANAGER	22 MORGAN DRIVE NARRAGANSETT State: of Limited Liability Company and Name of Limited Liability Company and Name X E. PICKELL Contact Title: OPERATING 22 MORGAN DRIVE NARRAGANSETT State: Ss of Each Manager of the Limited Liab MBERS Individual Name First, Middle, Last, Suffix	RI Zip: 02882 Country: USA e or Title of Contact Person: E MANAGER RI Zip: 02882 Country: USA oility Company, if Applicable. Address Address, City or Town, State, Zip Code, Country 22 MORGAN DRIVE

F. MOORE MCLAUGHLIN, IV ESQ. 148 WEST RIVER STREET, SUITE 1E PROVIDENCE , RI 02904

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

Signed this 26 Day of October, 2010 at 12:49:23 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 KIRK E. PICKELL

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2010 State of Rhode Island and Providence Plantations All Rights Reserved