



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)(2)(i)) is subject to a penalty fee of \$25.00.

1. ID No. 000162740		2. Exact name of the limited liability company Global Properties, LLC									
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To engage in investments, lease, purchase, sell real estate and other purposes permitted by law.									
5. Principal office address 1312 Atwood Avenue		City Johnston		State Rhode Island		Zip 02919					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:											
Contact Name Frank Sciacca, Esq.				Contact Title Attorney							
Street Address 1312 Atwood Avenue		City Johnston		State Rhode Island		Zip 02919					
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) ☐											
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 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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FILED

JUN 23 2011

File Date

Check No.

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.

Signature of Authorized Person

Date

Frank Sciacca, Esq. Authorized Agent

Print or Type Name of Authorized Person