



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 2011**

**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 530375	2. Exact name of the limited liability company GSART LLC
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3. State of Formation RI	4. Brief description of the character of the business which is actually conducted in Rhode Island Rental Real Estate
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5. Principal office address 9 Alfred Drowne Road	City Barrington	State RI	Zip 02806
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name Dr. Greg Sadvnikoff	Contact Title Member

Street Address 9 Alfred Drowne Road	City Barrington	State RI	Zip 02806
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**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
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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**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).

530375

FILED

File Date	SEP 08 2011
Check No.	By <u>MMC</u>
By:	1117
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 statement contained herein are true and correct.

Signature of Authorized Person	Date
<u>Greg Sadvnikoff</u>	09/06/2011
Print or Type Name of Authorized Person	
Greg Sadvnikoff	