RI SOS Filing Number: 201183938630 Date: 10/07/2011 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Divis
148 W. River St
Providence, RI 02904-2
401.222.3

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: $50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No.	2. Exact name of the limited liability company
93559	THE GIORGI CAMP, LLC.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	LAND HOLDING COMPANY

5. Principal office address	City	State	Zip
65 Crytal Terrace	Burrillville	RI	02859

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
Joanna Giorgi	

Street Address	City	State	Zip
65 Crystal Terrace	Burrillville	RI	02859

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) ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT - R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Guido Giorgi	65 Crystal Terrace	Burrillville	RI	02859
Michael Giorgi	65 Crystal Terrace	Burrillville	RI	02859
Joanna Giorgi	65 Crystal Terrace	Burrillville	RI	02859
David Giorgi	65 Crystal Terrace	Burrillville	RI	02859

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
JOANNE GIBSON	42 Remington Avenue	Oakland	02858

FILED
OCT 07 2011
BY 153863 1:19

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

2011 OCT -7 PM 1:19
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

* 9 3 5 5 9 *

File Date
Check No.
By: 68366-13-669374
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repo
including any accompanying schedules and statements, and that all statemen
contained herein are true and correct.

Joanna Giorgi FKA Joanne Gibson
Signature of Authorized Person *Date* 10-7-11

JOANNA GIORGI, Member and Manager
Print or Type Name of Authorized Person

Form 632 Rev. 08/06