



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |                    |  |                       |                     |                     |
|---|--------------------|--|-----------------------|---------------------|---------------------|
| 1. Entity ID No.<br><b>75957</b>  |                    | 2. Exact name of the limited liability company<br><b>G.G.G. Realty, L.L.C.</b>   |                       |                     |                     |
| 3. State of Formation<br><b>RI</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>to acquire, own, lease and develop real estate</b> |                       |                     |                     |
| 5. Principal office address<br><b>10 Campanelli Circle</b>  |                    | City<br><b>Canton</b>  | State<br><b>MA</b>    | Zip<br><b>02021</b> |                     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND CONTACT PERSON</b>   |                    |  |                       |                     |                     |
| Contact Name<br><b>Gail A. Conca</b>  |                    | Contact Title<br><b>Operating Manager</b>  |                       |                     |                     |
| Street Address<br><b>10 Campanelli Circle</b>   |                    | City<br><b>Canton</b>  | State<br><b>MA</b>    | Zip<br><b>02021</b> |                     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ('X' BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |  |                       |                     |                     |
| Manager Name<br><b>Glen M. Gardiner</b>   |                    | Manager Name<br><b>Gail A. Conca</b>   |                       |                     |                     |
| Street Address<br><b>10 Campanelli Circle</b>   |                    | Street Address<br><b>10 Campanelli Circle</b>  |                       |                     |                     |
| City<br><b>Canton</b>   | State<br><b>MA</b> | Zip<br><b>02021</b>  | City<br><b>Canton</b> | State<br><b>MA</b>  | Zip<br><b>02021</b> |
| Manager Name<br><b>J. Samuel Abbott</b>   |                    | Manager Name   |                       |                     |                     |
| Street Address<br><b>10 Campanelli Circle</b>   |                    | Street Address   |                       |                     |                     |
| City<br><b>Canton</b>   | State<br><b>MA</b> | Zip<br><b>02021</b>  | City                  | State               | Zip                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |                    |  |                       |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |                    |  |                       |                     |                     |

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 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.

Gail A. Conca 5-18-12  
 Signature of Authorized Person Date

Print or Type Name of Authorized Person