



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. 75957		2. Exact name of the limited liability company G.G.G. Realty, L.L.C.			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island to acquire, own, lease and develop real estate			
5. Principal office address 10 Campanelli Circle		City Canton	State MA	Zip 02021	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND CONTACT PERSON					
Contact Name Gail A. Conca		Contact Title Operating Manager			
Street Address 10 Campanelli Circle		City Canton	State MA	Zip 02021	
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"/>					
Manager Name Glen M. Gardiner		Manager Name Gail A. Conca			
Street Address 10 Campanelli Circle		Street Address 10 Campanelli Circle			
City Canton	State MA	Zip 02021	City Canton	State MA	Zip 02021
Manager Name J. Samuel Abbott		Manager Name			
Street Address 10 Campanelli Circle		Street Address			
City Canton	State MA	Zip 02021	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 Form 642.					

FILED 1147

MAY 21 2012

BY DL 170959

2012 MAY 21 AM 11:47
 SECRETARY OF STATE
 CORPORATIONS DIV

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.

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

Print or Type Name of Authorized Person