

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 2012

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. 149542		2. Exact name of the limited liability company GTG Properties, LLC						
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Acquire,	Acquire, invest, manage and sell real estate.						
5. Principal office address 21 Rocky Hill Road			City Smithfield	State RI	Zip 02917			
6. MAILING ADDRESS OF	LIMITEDILIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:				
Contact Name Jean Lussier			Contact Title Owner					
Street Address 21 Rocky Hill Road			City Smithfield	State RI	Zip 02917			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMÉS AND ADI	PRESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS			
Manager Nam			Manager Name					
Street Address			Street Address					
City .	State	Zin	City	State	Zip			
Manager Name			Manager Name		I			
Street Address			Street Address					
City	State	Zip	City	State	Zip 75			
8. RESIDENT AGENT IN R	HODE ISLAND				ST 6			
This information is currer	ntly of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642.	A			
FILI	ED		· ····		2			
					P			
SEP 2 5 2012 1 2:08					9H 12: 08			
BY 1790	e54	_			8 75			
	kinc							

File Date	14.	3.5	4	1 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	٠.
				*.	. :
Check No			-	<u>isain ()</u>	•
Ву:	3/40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				٠,
ž		-4-4-5-			

Form No. 632 Revised: 01/2012 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

7/21/12 Date

Yean Lussier

Print or Type Name of Authorized Person