



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. 129738		2. Exact name of the limited liability company Giobella Realty, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To acquire, own, operate, lease, and sell real property and improvements			
5. Principal office address 2 Williams Street		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Giovan B. Calapai		Contact Title			
Street Address 2 Williams Street		City Providence	State RI	Zip 02903	
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 Giovan B. Calapai		Manager Name N/A			
Street Address 2 Williams Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	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.					

2012 SEP 27 PM 1:29
 2012 SEP 20 PM 1:03
 DIVISION OF STATE CORPORATIONS DIV

FILED

SEP 27 2012

BY CL 179897

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.

Signature of Authorized Person _____ Date 9/17/12

GIOVAN CALAPAI
 Print or Type Name of Authorized Person