



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. 145018		2. Exact name of the limited liability company Gammons Providence Enterprise, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate Ownership/Management			
5. Principal office address 35 Greenwich Street		City PROVIDENCE		State RI	Zip 02907
Contact Name Luis A. Torrado		Contact Title			
Street Address 35 Greenwich Street		City PROVIDENCE		State RI	Zip 02907
<small>LIST ALL MANAGERS, NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS OF THE BOARD OF MANAGERS.</small>					
Manager Name Luis A. Torrado		Manager Name None			
Street Address 35 Greenwich Street		Street Address			
City Providence	State RI	Zip 02907	City		State
Manager Name None		Manager Name None			
Street Address		Street Address			
City	State	Zip	City		State
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

OCT 09 2012

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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

10-5-12

Date

LUIS A. TORRADO

Print or Type Name of Authorized Person