

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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. 105568	2 Exact nar TGE Ven	2. Exact name of the limited liability company TGE Ventures, LLC						
3. State of Formation	4. Brief desa Real Est	Brief description of the character of business conducted in Rhode Island     Real Estate						
Principal office address One James P. Murphy Highway Suite 200			City West Warwick	State RI	Zip <b>02893</b>			
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT PE	RSON:				
Contact Name Stephen G. Soscia Street Address One James P. Murphy Highway Suite 200			Contact Title Managing Member					
			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>			
7. LIST <u>all</u> managers ("X" box for attach		PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF I	APPLICABLE - <u>Do</u>	NOT LIST MEMBERS			
Manager Name Stephen G. Soscia			Manager Name					
Street Address One James P. Murpl	hy Highway Su	ite 200	Street Address					
City West Warwick	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip			
Manager Name		Manager Name						
threet Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN R	HODE ISLAND							
This information is currer	ntly of record in th	e Office of the Secret	ary of State, Changes require fill	ing Form 642.	and the second s			
				_ <del>-</del>				

File Date	Under penalty of perjury, I declare and affir this report, including any accompanying seand that all statements contained herein as			chedules and statements,	
Check No		Signature of Authorized Person	Maregn	8.16.13	
By:	AUG 2 1 2013 -	Signature of Authorized Persor	1	Date	
FOR SECRETARY OF STATE USE ONLY	Stephen G. Soscia Manager				
FUR SECRETARY OF STATE USE ON 67_	2063	Print or Type Name of Authoriz	ed Person		

Form No. 632 Revised: 01/2012