



**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 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. <b>622411</b>		2. Exact name of the limited liability company <b>GALLO ELECTRIC, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>ELECTRICAL SERVICES AND INSTALLATION OF ELECTRICAL EQUIPMENT</b>			
5. Principal office address <b>275 SPRING STREET</b>		City <b>ROCKVILLE</b>	State <b>RI</b>	Zip <b>02873</b>	
Contact Name <b>BRIAN GALLO</b>		Contact Title <b>MEMBER</b>			
Street Address <b>275 SPRING STREET</b>		City <b>ROCKVILLE</b>	State <b>RI</b>	Zip <b>02873</b>	
7. LIST ALL MANAGERS (SEE INSTRUCTIONS) (CHECK ONE)					
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name <b>N/A</b>		Manager Name <b>N/A</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENTS (SEE INSTRUCTIONS)					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**

**SEP 20 2013**

By *[Signature]*  
 CR # 241



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.

*Brian Gallo* 9/18/2013  
 Signature of Authorized Person Date  
**BRIAN GALLO**  
 Print or Type Name of Authorized Person