



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000093559		2. Exact name of the limited liability company THE GIORGI CAMP, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island land holding company	
5. Principal office address 65 Crystal Terrace		City Burrillville	State RI
		Zip 02859	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joanna Giorgi		Contact Title	
Street Address 65 Crystal Terrace		City Burrillville	State RI
		Zip 02859	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Guido Giorgi		Manager Name Michael Giorgi	
Street Address 65 Crystal Terrace		Street Address 65 Crystal Terrace	
City Burrillville	State RI	City Burrillville	State RI
Zip 02859		Zip 02859	
Manager Name Joanna Giorgi		Manager Name David Giorgi	
Street Address 65 Crystal Terrace		Street Address 65 Crystal Terrace	
City Burrillville	State RI	City Burrillville	State RI
Zip 02859		Zip 02859	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Kevin G. Dodd, Esq.		Address	
Address 215 Broadway		City Providence	Zip 02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

OCT 01 2013

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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.

Joanna Giorgi 9/25/13
Signature of Authorized Person Date
Joanna Giorgi, Member

Print or Type Name of Authorized Person

File Date _____
Check No. _____ BY _____
By: _____
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