

## 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. 542971	2 Exact na <b>Gebo, Ll</b>	2 Exact name of the limited liability company <b>Gebo, LLC</b>				
3. State of Formation Rhode Island	4. Brief desc Real esta	Brief description of the character of business conducted in Rhode Island     Real estate and other investments				
5. Principal office address 45 Marlborough St, 2B			City Cranston	State RI	Zip <b>02910</b>	
6. MAILING ADDRESS	OF LIMITED LIABILIT	Y COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Anthony Thompson		Contact Title Manager				
Street Address 45 Marlborough St, 2B			City Cranston	State RI	Zip <b>02910</b>	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name Anthony Thompson			Manager Name			
Street Address 45 Marlborough St	t, 2B		Street Address			
City Cranston	State RI	Zip <b>02910</b>	City	State	Zip	
Manager Name	flanager Name		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN	RHODE ISLAND			<u> </u>		
This information is curr	ently of record in the	e Office of the Secret	ary of State. Changes require	filing Form 642.		

	FILED	Under penalty of perjury, I declare and affirm	
File Date	OCF 0 1 2013	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.	
Check No	00 1 2013	Signature of Authorized Person	09/27/2013
ву:	/0/	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		Anthony R. Thompson	
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012