

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

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.	2. Exact nar	ne of the limited liab	ility company	mpany			
112704	GAM	CO REAL	LTY ASSOCIATE	s, LLC			
3. State of Formation	4. Brief desc	ription of the charac	of the character of business conducted in Rhode Island				
$\mathcal{R}\mathcal{I}$	To.	INVEST	N REAL ESTATE	REAL ESTATE			
5. Principal office address	ERTON A	ROAD	City WARNICK	State RI	Zip 025F6		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON:			
ontact Name VINGENT GAMBARDELLA treet Address 45 FULLERTON ROAD			Contact Title	Contact Title CENERAL PARTNER City WARWICK State RI 02866			
Street Address 45 FULLER:	TON RO	AD	City WARWICK	State RI	Zip 02886		
7. LIST ALL MANAGERS (I	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO I	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	L.s			
Street Address	<u> </u>		Street Address	****			
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R							
This information is current	lly of record in th	e Office of the Seci	retary of State. Changes require	filing Form 642.			

	FILED	Under penalty of perjury, I declare and affirm that I	have examined
File Date	OCT 11 2013	this report, including any accompanying schedules and that all statements contained herein are true are	and statements,
Check No		Chile Opulardelle	10/10/13
Ву:	-BV 1018	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE	ONLY	Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012