

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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## 

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

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| Entity ID No.   |                 | 2. Exact name of the limited liability company                           |  |                      |                      |  |  |
|---|-----------------|--|--|----------------------|----------------------|--|--|
| 000132524   | Gardner         | Gardner II Real Estate, LLC  |  |                      |                      |  |  |
| 3. State of Formation   | 4. Brief des    | Brief description of the character of business conducted in Rhode Island |  |                      |                      |  |  |
| Delaware  |                 | Owns and manages real estate   |  |                      |                      |  |  |
| Principal office address<br>219 East Main Street, P. O. Box 428 |                 | City<br><b>Milford</b>   | State<br>MA                                    | Zip<br><b>01757</b>  |                      |  |  |
| 6. MAILING ADDRESS OF   | LIMITED LIABILE | TY COMPANY AND N   | AME OR TITLE OF CONTACT                        | FPERSON:             |                      |  |  |
| Contact Name<br>Jonathan M. Bruce                               |                 |  | Contact Title President, Armida, Inc., Manager |                      |                      |  |  |
| Street Address<br>219 East Main Street, P. O. Box 428           |                 |  | City<br><b>Milford</b>                         | State<br>MA          | Zip<br><b>0175</b> 7 |  |  |
| 7. LIST <u>ALL</u> MANAGERS<br>("X" BOX FOR ATTACH              | (NAMES AND ADD  | PRESSES) OF THE LI   | MITED LIABILITY COMPANY                        | , IF APPLICABLE - DO | NOT LIST MEMBERS     |  |  |
| Manager Name<br>Armida, Inc.                                    |                 |  | Manager Name                                   |                      |                      |  |  |
| Street Address<br>219 East Main Street, P. O. Box 428           |                 |  | Street Address                                 |                      |                      |  |  |
|   | t, P. O. BOX 42 | 8  |  |                      | _                    |  |  |
| City<br>Milford   | State<br>MA     | 8<br>Zip<br>01757  | City   | State                | Zip 22 COTO          |  |  |
| City<br>Milford<br>Manager Name                                 | State           | Zio  |  | State                | ZIP JAN              |  |  |
| Milford   | State           | Zio  | City   | State                |                      |  |  |
| Milford<br>Manager Name   | State           | Zio  | City<br>Manager Name                           | State                | Zip R SS             |  |  |
| Milford  Manager Name  Street Address                           | State MA        | Zip<br>01757   | City  Manager Name  Street Address             |                      | 1 27                 |  |  |

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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 therein are true and correct.

Signature of Authorized Person

Date

Jonathan M. Bruce, President, Armida, Inc., Manager

Print or Type Name of Authorized Person

| File Date |         |         |         |    |
|-----------|---------|---------|---------|----|
| Check No  |         |         |         |    |
| Ву:       |         |         |         |    |
| FOR SECRE | TARY OF | STATE ( | JSE ONI | .Y |

Form No. 632 Revised: 01/2012