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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 2014

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 name of the limited liability company		
508202	3302 HOLDINGS, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RHODE ISLAND	GAS SERVICE STATION, CONVENIENCE STORE, RETAIL RENTAL SPACE, AND ANY LAWFUL PURPOSE.		
5. Principal office address	City	State	Zip
3302 EAST MAIN ROAD	PORTSMOUTH	RI	02871
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name	Contact Title		
GEORGE A. GIACOBBI	MANAGER		
Street Address	City	State	Zip
15 SHERWOOD ROAD	PORTSMOUTH	RI	02871

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
GEORGE A. GIACOBBI			XXXXXXXX		
Street Address			Street Address		
15 SHERWOOD ROAD					
City	State	Zip	City	State	Zip
PORTSMOUTH	RI	02871			
Manager Name			Manager Name		
XXXXXXXX			XXXXXXXX		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED

SEP 10 2014

V 2116

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

G A Giacobbi 9-8-14
Signature of Authorized Person Date

GEORGE A. GIACOBBI, MANAGER
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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