

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					
690506	A. G. &	G. HOLDINGS,	LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real Est	ate					
5. Principal office address 21 MILL STREET			City Johnston	State RI	Zip 02919		
6. MAILING ADDRESS OF	LIMITED CABILI	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Angelo Giarrusso, Trustee			Contact Title Member				
Street Address 21 MILL STREET			City Johnston	State RI	^{Zip} 02919		
7. UST: <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI MENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NO E SEMEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
S. RESIDENT AGENT IN R	HODE ISLAND						
This information is curren	tly of record in the	Office of the Secr	retary of State. Changes require	filing Form 642.			

FILED

SEP 2 9 2014

File Date	English to
Check-No. s	
By:	
FOR SECRETARY OF STATE USE ON	LY

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Date

Angelo Giarrusso, Trustee, Member

Print or Type Name of Authorized Person