

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. 714688	2. Exact no RGSG,	2. Exact name of the limited liability company RGSG, LLC						
3. State of Formation Rhode Island	4. Brief des Real Es	Brief description of the character of business conducted in Rhode Island Real Estate						
5. Principal office address 93 Paris Irons Road			City Glocester	State RI	Zip 02814			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND Contact Name Sylvie Gauvin			AME OR TILLE OF CONTACT PERSON Contact Title Manager					
Street Address 455 Durfee Hill Road			City Glocester	State RI	Zip 02814			
7. LIST <u>ALL</u> MANAGERS ((- ("X" BOX FOR ATTACH	NAMES AND AD MENT)	ORESSES) OF THE	PUMITED LIABILITY COMPANY.	EAPPLICABLE DO	NOTE IST MEMBERS			
Manager Name				Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
. RESIDENT AGENT IN RH								
his information is currently	ly of record in the	Office of the Secr	etary of State, Changes require f	iling Form 642.	COLOR EL COMO DE ESTADOR DE PROPERTO DE COMO DE LA COMPANSIÓN DE LA COLOR DE L			

FILED

OCI 0 6 2014

		Maria L	Nation 1	
File Date	e - 40-	44.27	جريله	
	1 24 1			
CHECK	The second			
By:	*13 (A)	16.8		
FOR	CRETARY			
FOR SEC	CHEIART	OE STAT	EUSE C	NEXE.

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

Sylvie Gauvin

Print or Type Name of Authorized Person

Dato