

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 t		y company			
000138771	GP Arcade G	arage, LLC				
3. State of Formation		Brief description of the character of business conducted in Rhode Island				
Rhode Island	Engage in the business of owning and operating a parking garage					
5. Principal office address 321 South Main Street, Suite 580			City Providence	State RI	Zip 02903	
	ITED LIABILITY CO	MPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:		
Contact Name Evan J. Granoff			Contact Title Authorized Representative			
Street Address 321 South Main Street, Suite 580			City Providence	State RI	Zip 02903	
. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHMEN		SES) OF THE LIN	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Granoff Associates, LLC			Manager Name			
Street Address 321 South Main Street, Suite 580			Street Address			
City Providence	State RI	Zip 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
RESIDENT AGENT IN RHOD	DE ISLAND					
his information is currently o	of record in the Offic	e of the Secreta	ary of State. Changes require f	iling Form 642.		
					FILED	
	OCT 2 0				OCT 2 0 2014	
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				ELL 7 Homes	Andrewson .	
File Date			Under penalty of perjunctions this report, including and that all statement	any accompanying a	irm that I have examined schedules and statement	
Check No			and the an statement		10/16/2014	
Ву:			Signature of Authorized	//	Date	
FOR SECRETARY OF STATE USE ONLY			Evan J. Granoff, Manager / Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012