



**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.

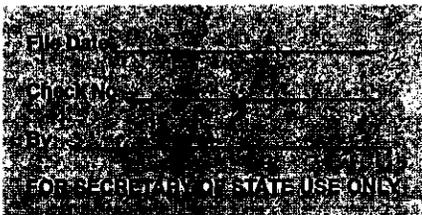
1. Entity ID No. <b>506925</b>		2. Exact name of the limited liability company <b>GERVASIO REALTY, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real estate management.</b>			
5. Principal office address <b>9 Cecelia Drive</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
Contact Name <b>Stephen J. DiGianfilippo, Esq.</b>		Contact Title <b>Attorney</b>			
Street Address <b>50 Park Row West, Suite 111</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
7. LIST ALL MANAGERS NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY. (SEE INSTRUCTIONS FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>Mary Lou Gervasio</b>		Manager Name			
Street Address <b>9 Cecelia Drive</b>		Street Address			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Manager Name		Manager Name			
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**

**OCT 23 2014**

BY CM 234946

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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 herein are true and correct.

*Mary Lou Gervasio*  
 Signature of Authorized Person \_\_\_\_\_ Date \_\_\_\_\_

**Mary Lou Gervasio**  
 Print or Type Name of Authorized Person