

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

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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.

Contact Name Allen B. Gammons, Jr. Street Address 461 Main Street 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBE ("X" BOX FOR ATTACHMENT) Manager Name Allen B. Gammons, Jr. Street Address 461 Main Street City East Greenwich RI Zip City City City State RI Zip City State RI Zip City State Street Address Annager Name Manager Name Street Address Street Address Street Address State City State Ri Zip City State City State Street Address Street Address City State Street Address City State Street Address City State Street Address City State Street Address	1. Entity ID No.	2. Exact name of the limited liability company					
RI Street Address A61 Main Street Suppose Sup	000120659	Gammons Realty, LLC					
5. Principal office address 461 Main Street City East Greenwich RI O2818 State RI O2818 City East Greenwich RI O2818 Contact Name Allen B. Gammons, Jr. Street Address 461 Main Street City East Greenwich RI City State R	3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
461 Main Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Allen B. Gammons, Jr. Street Address 461 Main Street 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBE ("X" BOX FOR ATTACHMENT) Manager Name Allen B. Gammons, Jr. Street Address 461 Main Street City East Greenwich Manager Name Manager Name Street Address 461 Main Street City East Greenwich State RI Zip O2818 Manager Name Street Address 461 Main Street City State East Greenwich Manager Name Street Address 461 Main Street City State Zip O2818 Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name	RI	Real Estate					
Contact Name Allen B. Gammons, Jr. Street Address 461 Main Street City East Greenwich ("X" BOX FOR ATTACHMENT) Manager Name Allen B. Gammons, Jr. Street Address 461 Main Street Manager Name Allen B. Gammons, Jr. Street Address 461 Main Street City East Greenwich Ri D2818 Street Address Gity State Ri D2818 Street Address Street Address Street Address Manager Name Street Address Street Address Street Address Street Address City State Ri D2818 Manager Name Street Address City State City State City State Street Address City State City State City State City State City State Zip City State Zip City State Zip City State Zip							
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461 Main Street East Greenwich RI 02818 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBE ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address Street Address 461 Main Street State Zip 02818 Manager Name Manager Name Street Address State Zip Manager Name State Zip Street Address Street Address City State Zip Street Address Street Address City State Zip City City State Zip City City City City City City City City City City							
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Allen B. Gammons, Jr. Street Address 461 Main Street City East Greenwich RI Zip 02818 Manager Name Street Address Street Address Manager Name Street Address City State Zip			PRESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
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Street Address Street Address City State Zip City State Zip			Zip 02818	City	State	Zip	
City State Zip City State Zip	Manager Name			Manager Name			
	Street Address			Street Address			
A DESIDENT AGENT IN PHODE ISLAND	City	State	Zip	City	State	Zip	
	8. RESIDENT AGENT IN RHO	******					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is currently	of record in the	e Office of the Secret	ary of State. Changes require filli	ng Form 642.		

FILED

OCT 3 1 2014

File Date	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.		
Check No		10/30/M	
By:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Allen B. Garnmons, Jr. Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012