



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. 507248		2. Exact name of the limited liability company GOMO PROPERTIES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE AND OTHER INVESTMENTS			
5. Principal office address 46 THE COMMONS		City LITTLE COMPTON	State RI	Zip 02837	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name SCOTT A. MORRISON		Contact Title MANAGER			
Street Address 46 THE COMMONS (P.O. BOX 135)		City LITTLE COMPTON	State RI	Zip 02837	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS (EX-BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name SCOTT A. MORRISON		Manager Name			
Street Address 46 THE COMMONS (P.O. BOX 135)		Street Address			
City LITTLE COMPTON	State RI	Zip 02837	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

NOV 05 2014

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File Date _____
 Check No. _____
 BY _____
 FOR SECRETARY OF STATE USE ONLY

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.

Scott A. Morrison 10/30/14
 Signature of Authorized Person Date

SCOTT A. MORRISON, MANAGER

Print or Type Name of Authorized Person