

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

2015

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 the limited liability company							
740923	55 GW HIGHWAY LLC							
3. State of Formation	Brief description of the character of business conducted in Rhode Island							
Rhode Island	to own	to own, develop, invest in and manage real and personal property						
5. Principal office address 22 Plainfield Pike			City	North Scituate	State RI	Zip	02857-0000	
4. MALING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	E ON TH	LE OF COMPACT PER	Cet:			
Contact Name Harry J. Hall, III			Contact Title Manager					
Street Address 22 Plainfield Pike			City	North Scituate	State RI	Zip	02857-0000	
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHE		RESSES) OF THE LIM	TED UM	BLITY COMPANY, IF AP	PLICABLE - BO N	IOT LIGI	MEMBER 3	
Manager Name Harry J. Hall, III			Man	Manager Name Christine E. Hall				
Street Address 22 Plainfield Pike			Street Address 22 Plainfield Pike					
City North Scituate	State RI	Zip 02857	City	North Scituate	State RI	Zip	02857	
Manager Name			Man	Manager Name				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. RESIDENT AGENT IN RH	IODE ISLAND					<u></u>		
This information is current		Office of the Secretar	y of State	. Changes require filing	Form 642,		<u>:</u>	
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FILED

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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.

Signature of Authorized Person

09/01/2015

Date

Harry J. Hall, III

Print or Type Name of Authorized Person

Manager

Form No. 632 Revised: 01/2012