

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.		me of the limited liabili					
141569	GALLUC	GALLUCCI PROPERTIES, LLC					
3. State of Formation		A. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real esta	ate management					
5. Principal office address 7 Roger Road	7 Roger Road			State RI	Zip 02919		
	F LIMITED LIABILIT	Y COMPANY AND N	AMETOR TITLE OF CONTACT P	ERSON:			
Contact Name Stephen J. DiGianf	ilippo, Esq.		Contact Title Registered Agent				
Street Address 59 Park Row West, Suite 111			City Providence	State RI	Zip 02903		
7, LIST ALL MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI HMENT)	PRESSES) OF THE LI	MITED LIABIETY COMPANY, II	APPLICABLE DE			
Manager Name Edward T. Galucci			Manager Name				
Street Address 7 Roger Road			Street Address				
^{City} Johnston	State RI	Zip 02919	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip .		
8. RESIDENT AGENT IN I	TANKS MEETINGS OF THE STREET						
This information is curre	ntly of record in the	Office of the Secret	ary of State. Changes require t	iling Form 642.	3 55 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
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File Date:	
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By:	
FOR SECRETARY OF STATE LISE ONLY	
FOR SECRETARY OF STATE LISE ONLY	
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Form No. 632 Revised: 01/2012 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.

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Signature of Authorized Person

Date

Edward T. Galucci

Print or Type Name of Authorized Person