

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 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					
147181	GAC Re	alty, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Real Est	Real Estate					
5. Principal office address 11 Canary Court			City West Warwick	State RI	Zip 02893		
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:			
Contact Name Giovanni A. Colagiovanni			Contact Title				
Street Address 11 Canary Court			City West Warwick	State RI	Zip 02893		
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name anni			Manager Name				
Street Address			Street Address				
Citv	State	7in	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RI	HODE ISLAND						
This information is current	tly of record in th	e Office of the Seci	retary of State, Changes require fill	ng Form 642.	·		

FILED OCT 1 6 2015 BY___315M

	Under pena
File Date	this report,
	and the all
Check No	Lun
Ву:	Signature of
	Giovanni
FOR SECRETARY OF STATE USE ONLY	

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 the all statements contained herein are true and correct.

Signature of Authorized Person

Date

Giovanni A. Colagiovanni

Print or Type Name of Authorized Person