

## 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. 787641	2. Exact name of the limited liability company GAP Enterprises, LLC					
3. State of Formation  Rhode Island	Brief description of the character of business conducted in Rhode Island     Real Estate					
5. Principal office address 835 Taunton Avenu	e	And the second s	City East Providence	State RI	Zip <b>02914</b>	
6. MAILING ADDRESS OF	LIMITED LIABILIT	<b>SECMPANY AND</b>	NAME OF TITLE OF CONTACT PER	SON:		
Contact Name George Pesce			Contact Title  Member			
Street Address 835 Taunton Avenue			City East Providence	State RI	Zip <b>02914</b>	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is curren	tly of record in the	e Office of the Secr	retary of State. Changes require filin	g Form 642.		

FILED NOV 1 6 2015 1114

BA			
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.	Tenge sec	11-7-13	
By	Signature of Authorized Person	Date	
	George Pesce		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012