



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.

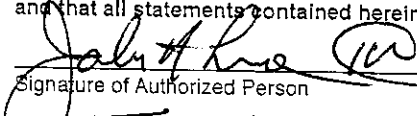
|  |       |   |                                   |                     |     |
|--|-------|---|-----------------------------------|---------------------|-----|
| 1. Entity ID No.<br><b>527341</b>  |       | 2. Exact name of the limited liability company<br><b>GOLDEN GATE INVESTMENTS LLC</b>              |                                   |                     |     |
| 3. State of Formation<br><b>RI</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |                                   |                     |     |
| 5. Principal office address<br><b>2003 BROAD STREET</b>  |       | City<br><b>CRANSTON</b>   | State<br><b>RI</b>                | Zip<br><b>02905</b> |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |   |                                   |                     |     |
| Contact Name<br><b>JOHN H LANE IV</b>  |       |   | Contact Title<br><b>PRESIDENT</b> |                     |     |
| Street Address<br><b>2003 BROAD STREET</b>   |       | City<br><b>CRANSTON</b>   | State<br><b>RI</b>                | Zip<br><b>02905</b> |     |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |                                   |                     |     |
| 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 RHODE ISLAND  |       |   |                                   |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.  |       |   |                                   |                     |     |

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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 Date 02/29/16  
John H LANE IV  
 Print or Type Name of Authorized Person