



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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Limited Liability Company Annual Report for the year: 2015

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Limited Liability Company			
900544		GO AMERICA LLC			
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island			
CALIFORNIA		Real estate			
5. Principal Office Address		City	State	Zip	
101 NORTH BROADWAY 2ND FLOOR		ESCONDIDO	CA	92025	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name TRYONE REED			Contact Title MANAGER		
Street Address 101 NORTH BROADWAY 2ND FLOOR		City ESCONDIDO	State CA	Zip 92025	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name DAMIEN CHIODO			
Street Address		Street Address 338 VIA VERA CRUZ #160			
City	State	Zip	City SAN MARCOS	State CA	Zip 92078
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person TYRONE REED				Date 4-21-16	
Signature of Authorized Person <i>Tyrone Reed</i> SIGN DOCUMENT HERE					



FILED *OR*

MAY 09 2016

BY Tyrone Reed