

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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2016 OCT 25 AM 10: 16

Annual Report for the year: 2016
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
1445426	GL1, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
52 - Finance and Insurance	Investments				
	IIIAGOTIIIÈHTO				
5. State of Formation					
RI	Í				
6. Principal Office Address			City	State	Zip
2 Angell Street, Unit #2			Providence	RI	02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Geoffrey Lewis			Contact Title Member		
Street Address 2 ANGELL St. UNIT 2			CityPROVIDENCE	State	Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO 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
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with 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 pontained herein are true and correct.					
Name of Authorized Person Date /					
Geoffrey Lewis					
Signature of Authorized Person SIGN DOCUMENT HERE					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

**Phone:** (401) 222-3040 **Website:** www.sos.ri.gov

OCT **2 5** 2016

**FILED** 

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FORM 632 - Revised: 08/2016