



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

**In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.*

1. ID No. 109436	2. Exact name of the limited liability company G.M.L. REALTY MANAGEMENT LLC	3. NAICS Code 53	
4. Brief description of the character of the business which is actually conducted in Rhode Island purchase, sale, lease & manage real estate		5. State of Formation Rhode Island	
6. Principal office address 56 North Shore Road		City Voluntown	State CT
		Zip 06384	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name George M. Lucas		Contact Title Member	
Street Address 56 North Shore Road		City Voluntown	State CT
		Zip 06384	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. FILL IN SPACES BEFORE USING ATTACHMENTS. (XX) 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
9. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11			

FILED

OCT 27 2016

BY

1607

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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.

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY

George M. Lucas Oct 15, 2016
Signature of Authorized Person Date

George M. Lucas, Member

Print or Type Name of Authorized Person