

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2005

1.10 No. 138601 G & G REAL ESTATE SERVICES LL C. 3. State of Formation RHODE ISLAND Property Maintenance Renates of the business which is actually conducted in Rhode Biland Property Maintenance Renates (Renates of the business which is actually conducted in Rhode Biland Property Maintenance Renates (Renates of the Business which is actually conducted in Rhode Biland Property Maintenance Renates (Renates of the Business which is actually conducted in Rhode Biland Property Maintenance Renates (Renates of the Business which is actually conducted in Rhode Biland Property Maintenance Renates (Renates of the Business which is actually conducted in Rhode Biland Property Maintenance Renates (Renates of the Business which is actually conducted in Rhode Biland Property Maintenance Renates (Renates of the Business which is actually conducted in Rhode Biland Property Maintenance Renates of the Business which is actually conducted in Rhode Biland Property Maintenance Renates (Renates of the Business which is actually conducted in Rhode Biland Property Maintenance Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode Renates of the Business which is actually conducted to Rhode R	Filing Period: Septem (FORM MUST BE TYPED O	OR PRINT	ED IN BLACK)	Filing Fee: \$50.00				
RHODE ISLAND Property Maintenance, Rentals, Real Estate Servies 5. Principal office address 122 Dank Son & 1. City Moudence 02906K 02908 6. Mailing Address of Minited Liability Company and Name or Title of Contact Person: Contagi Name Carmen Garcia Street Address 122 Done Son St. City Company, if Applicable FILL in Spaces before Using Attachments ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Carmen Garcia Street Address 122 Done Son St. City State 2tp Manager Name Manager Name Manager Name Street Address City State 2tp 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address Carmen Garcia Address City Zip Zip City Zip Address City Zip Zip Address City Zip		2. Exact name of the limited liability company G & G REAL ESTATE SERVICES L.L.C.						
6. MAILING ADDRESS OR/IMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Agent/ Managel Fill in Spaces before using attachments ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name CARMEN GAYCIA Street Address TO 2908 Street Address Street Address City State Zip Manager Name Manager Name Manager Name Street Address Street Address City State Zip State Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name CARMEN GARCIA City State Zip City State Zip State Zip Address City Zip City State Zip Address City Zip City State Zip Ranager Name CARMEN GARCIA City Zip City Zip Zip City Zip Zip Zip Zip Zip Zip Zip Zi	3. State of Formation		4. Brief description of the	character of the business whi	ch is actually conducted in Rhode Island	d		
6. MAILING ADDRESS OR/IMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Agent/ Managel Fill in Spaces before using attachments ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name CARMEN GAYCIA Street Address TO 2908 Street Address Street Address City State Zip Manager Name Manager Name Manager Name Street Address Street Address City State Zip State Zip State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name CARMEN GARCIA City State Zip City State Zip State Zip Address City Zip City State Zip Address City Zip City State Zip Ranager Name CARMEN GARCIA City Zip City Zip Zip City Zip Zip Zip Zip Zip Zip Zip Zi	RHODE ISLAND Property Maintenance, Re				utals, Real Estate Services			
Contact Name Carmen Garcia Street Address (22 Done Son St.) 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Manager Name City State Zip City State Zip Street Address City State Zip	5. Principal office address 122 Danelson St.				Providence Ozgobki 02908			
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Agent Name CARMEN GARCIA Address City Zip	City		State	Zip	City	State	Zip	
CARMEN GARCIA Address City Zip	8. RESIDENT AGENT	' IN RHO	DE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11	
Address City Zip	Agent Name				Address			
ACC PONICIONAL STREET	CARMEN GARCIA							
122 DONELSON STREET PROVIDENCE 02908-							Ζip	
	122 DONELSON STREET				PROVIDENCE		02908-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date9	1/12/05 138601*
Check No.	1614
Ву:	Jm)

FOR SECRETARY OF STATE USE ONLY

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.

Carmen Larcia 9/105
Signature of Authorized Person Date

rint or Type Name of Authorized Person