State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2017 Limited Liability Company	in the second second
→ Filing period. September 1 - November 1 → Filing Fee: \$50.00	

→ Penalty. Addition	nal \$25.00 fee if form i	s not filed by D	ecember 1.				
Entity ID Number	4	Exact name of the Limited Liability Company					
126137	TG Develo	TG Developers, LLC					
3. NAICS Code	4. Brief des	cription of the c	character of business conducted	in Rhode Island	-		
- 53111	$\bigcup_{\mathbf{r}} = \bigcup_{\mathbf{r}} sown, det$	velop, manag	e and operate real estate				
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zıp		
33 Appian Way			Smithfield	RI	02917		
7. Mailing Address of	Limited Liability Compa	ny and Name o	r Title of Contact Person				
Contact Name John Dell'Oro			Contact Title				
Street Address 33 Appian Way			City Smithfield	State RI	<sup>Ζιρ</sup> 02917		
8. List <b>ALL</b> managers	(names and addresses	) of the Limited	Liability Company. IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name					
Street Address			Street Address				
City	State	Zıp	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	7ip	City	State	Zip		
		I		Check the box to	indicate an attachment		
9. Resident Agent in F	Rhode Island, This inform	ation is currently	of record with the Department of St	ate Changes require fil	ing Form 642.		
	rjury, I declare and affi t all statements contai		examined this report, including true and correct.	ng any accompanyi	ng schedules and		
Name of Authorized Person				Date	2//		
John Dell'Oro					9/4/17		
Signature of Authorize	ed 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

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