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Annual Report for the year:	2017
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.

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Entity ID Number		ne of the Limited L	· · · · ·				
87255	The Ginalski Family Company, Ilc						
3. NAICS Code 531120	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
731120	Purchasing	Purchasing, holding, and selling real and personal property					
5. State of Formation							
Rhode island							
6. Principal Office Address	•		City	State	Zip		
P O Box 512			Long Key	FL	33001		
7. Mailing Address of Limited L	iability Compan	y and Name or Tit					
Contact Name Gail L. Ellington	act Name Gail L. Ellington Contact Title Member						
Street Address P O Box 512 City Long Key			State FL	^{Zip} 33001			
8. List ALL managers (names		of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name Gail L. Ellingto	Gail L. Ellington Manager Name						
Street Address P O Box 512		Street Address					
City Long Key	State FL	Zip 33001	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
	_1			Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Isl	and. This informa	ation is currently of re	ecord with the Department of S	tate. Changes require filir	ng Form 642.		
Under penalty of perjury, I do statements, and that all state				ing any accompanyin	g schedules and		
Name of Authorized Person			Date	Date			
Gail L. Ellington							
Signature of Authorized Pelson	<u> </u>	CICKI DA	OCUMENT HERE	•			
X Hard Cl	lingte	31GN DC	JOUNIEN I MEKE				
/							

MAIL TO:

Division of Business Services

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

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

OCT 04 2017

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FORM 632 - Revised: 08/2016