State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

4. Salita ID Northern	In Guardian	a of the Limited L	iahilih. Campanu			
1. Entity ID Number 162927	2. Exact name of the Limited Liability Company G-COBBI, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	REAL ESTATE AND OTHER INVESTMENTS					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zıp	
15 SHERWOOD ROAD			PORTSMOUTH	RI	02871	
7. Mailing Address of Limited Li	ability Compan	y and Name or Tit	le of Contact Person			
Contact Name GEORGE GIACOBBI		Contact Title MANAGING MEMBER				
Street Address 15 SHERWOOD ROAD		City PORTSMOUTH	State RI	^{Zip} 02871		
8. List ALL managers (names a	and addresses)	of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name GEORGE GIACOBBI		Manager Name				
Street Address 15 SHERWOOD ROAD		Street Address				
City PORTSMOUTH	State RI	^{Zip} 02871	City	State	Zip	
Manager Name			Manager Name			
Street Address		Street Address				
City	State	Zip	City	State	Zip	
	_l	. <u> </u>		Check the box to	indicate an attachment	
9. Resident Agent in Rhode Isla	ind. This informa	ition is currently of re	ecord with the Department of State	e. Changes require filir	ng Form 642.	
Under penalty of perjury, I de statements, and that all state.				any accompanyin	g schedules and	
Name of Authorized Person			<u> </u>	Date		
GEORGE A. GIACOBBI, MAN	AGING MEMB	ER		9-	25-17	
Signature of Authorized Person	acofh	SIGN DO	OCUMENT 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 FILED OV OCT 1 0 2017 Q (0 3)