RI SOS Filing Number: 201751901350 Date: 10/19/2017 4:00:00 PM

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

State of Rhode Island and Providence Plantations Department of State - Business Services Division	
The state of the s	STAMP
Annual Report for the year: 2017	
Limited Liability Company	120 May 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

Entity ID Number	2. Exact name of the Limited Liability Company					
793239	G C F, LLC					
3 NAICS Code	Brief description of the character of business conducted in Rhode Island					
81 - Other Services (except Pub	Restaurant					
5. State of Formation		1				
Rhode Island :	72	251				
6. Principal Office Address			City	State	Zıp	
39 Phenix Avenue			CranstON	RI	02920	
7. Mailing Address of Limited Lia	bility Compan	y and Name or	Title of Contact Person			
Contact Name Gabriel J. Ferri, Sr.		Contact Title MEMBER	Contact Title MEMBER			
Street Address 39 Phenix Avenue		City Cranston	State RI	^{Zip} 02920		
8. List ALL managers (names ar	nd addresses)	of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name	tanager Name			Manager Name		
Street Address		Street Address	Street Address			
City	State RI	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
				Check the box to i	indicate an attachment	
9. Resident Agent in Rhode Islan	nd. This informa	ation is currently o	of record with the Department of St	tate. Changes require filir	ng Form 642.	
Under penalty of perjury, I dec statements, and that all statem			• •	ng any accompanyin	g schedules and	
Name of Authorized Person	•			Date		
Gabriel J. Ferri, Sr.			•	9/20	1/17	
Signature of Authorized Person	Mar	, ALGN L	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

