



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV.  
2017 DEC 20 AM 9 14

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.

|  |       |  |                                   |                           |                     |
|--|-------|--|-----------------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><u>000509870</u>  |       | 2. Exact name of the Limited Liability Company<br><u>The Gila LLC</u>  |                                   |                           |                     |
| 3. NAICS Code<br><u>799999</u>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>st Technology Platform</u> |                                   |                           |                     |
| 5. State of Formation<br><u>RI</u>   |       |  |                                   |                           |                     |
| 6. Principal Office Address<br><u>75 Macbeth st</u>  |       |  | City<br><u>Cranston</u>           | State<br><u>RI</u>        | Zip<br><u>02920</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |                                   |                           |                     |
| Contact Name<br><u>Chris Shephard</u>  |       |  | Contact Title<br><u>President</u> |                           |                     |
| Street Address<br><u>75 Macbeth st</u>   |       |  | City<br><u>Cranston</u>           | State<br><u>RI</u>        | Zip<br><u>02920</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |  |                                   |                           |                     |
| Manager Name   |       |  | Manager Name                      |                           |                     |
| Street Address   |       |  | Street Address                    |                           |                     |
| City   | State | Zip  | City                              | State                     | Zip                 |
| Manager Name   |       |  | Manager Name                      |                           |                     |
| Street Address   |       |  | Street Address                    |                           |                     |
| City   | State | Zip  | City                              | State                     | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>   |       |  |                                   |                           |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.  |       |  |                                   |                           |                     |
| 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. |       |  |                                   |                           |                     |
| Name of Authorized Person<br><u>Chris Shephard</u>   |       |  |                                   | Date<br><u>12/20/2017</u> |                     |
| Signature of Authorized Person<br>   |       |  |                                   |                           |                     |

MAIL TO:  
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