



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.

|                                                                                                                                                                                                      |       |                                                                                                               |                          |                         |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>1668203</b>                                                                                                                                                                |       | 2. Exact name of the Limited Liability Company<br><b>G S A PROPERTIES, LLC</b>                                |                          |                         |                     |
| 3. NAICS Code<br><b>53 - Real Estate and Rental ar</b>                                                                                                                                               |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Development</b> |                          |                         |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                         |       | <b>531 390</b>                                                                                                |                          |                         |                     |
| 6. Principal Office Address<br><b>141 Phenix Avenue</b>                                                                                                                                              |       |                                                                                                               | City<br><b>Cranston</b>  | State<br><b>RI</b>      | Zip<br><b>02920</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                               |                          |                         |                     |
| Contact Name <b>Edward J. DiMartino, Jr., Esq., CPA</b>                                                                                                                                              |       |                                                                                                               | Contact Title <b>CPA</b> |                         |                     |
| Street Address <b>141 Phenix Avenue</b>                                                                                                                                                              |       |                                                                                                               | City <b>Cranston</b>     | State <b>RI</b>         | Zip <b>02920</b>    |
| 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 042.                                                            |       |                                                                                                               |                          |                         |                     |
| 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><b>Glenn M. Amore</b>                                                                                                                                                   |       |                                                                                                               |                          | Date<br><b>12/14/17</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                               |                          | SIGN DOCUMENT HERE      |                     |

## MAIL TO:

Division of Business Services

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FORM 632 - Revised: 02/2017