RI SOS Filing Number: 201877155110 Date: 9/10/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **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 En	tity ID Number	2. Exact name of the Limited Liability Company					
1629	27	G-COBBI, LLC					
3. NA	ICS Code	Brief description of the character of business conducted in Rhode Island					
531	110	REAL ESTATE AND OTHER INVESTMENTS					
5. Sta	State of Formation						
RHODE ISLAND							
6. Principal Office Address				City	State	Zıp	
15 SI	HERWOOD ROAD			PORTSMOUTH	RI	02871	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Conta	ct Name GEORGE GIACOE	BBI		Contact Title MANAGING MEMBER			
Street	Address 15 SHERWOOD F	ROAD		City PORTSMOUTH	State RI	^{Zıp} 02871	
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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	Zıp	City	State	Zip	
		Check the box to indicate an attachment					
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 Date							
GEORGE A. GIACOBBI, MANAGING MEMBER 9-5-18						78	
Signature of Authorized Person SICN DOCUMENT HERE							
	EITED						

MAIL TO:

Division of Business Services

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

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