



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 001678762

**2. Exact Name of the Limited Liability Company** GLOBAL FACILITIES GROUP OF AMERICA, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531311

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

NO BUSINESS IS ACTUALLY BEING CONDUCTED IN RI AS OF YET. THIS IS FOR THE RESIDENT AGENT REGISTRATION AND PENDING EXPANSION OF PROPERTY MANAGEMENT SERVICES IN RI.

**5. Principal Office Address**

No. and Street: 160 GREENTREE DRIVE, SUITE 101

City or Town: DOVER

State: DE Zip: 19904 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: TALAMAS ALMONORD Contact Title: PROPERTY MANAGER

No. and Street: P.O. BOX 114005

City or Town: NORTH PROVIDENCE

State: RI Zip: 02911 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title | Individual Name             | Address                                         |
|-------|-----------------------------|-------------------------------------------------|
|       | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

MANAGER

TALAMAS ALMONORD

P.O. BOX 114005  
NORTH PROVIDENCE, RI 02911 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

TALAMAS ALMONORD 6 BROOKDALE ROAD NORTH PROVIDENCE , RI 02904

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 14 Day of October, 2018 at 3:57:03 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TALAMAS ALMONORD  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2018 State of Rhode Island and Providence Plantations  
All Rights Reserved