RI SOS Filing Number: 201879593190 Date: 10/17/2018 4:00:00 PM

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

## 2040

Annual Report for the year: 2018
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.

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1. Entity ID Number 001679935		2. Exact name of the Limited Liability Company  GG PROPERTIES, LLC				
3. NAICS Code 531110		Brief description of the character of business conducted in Rhode Island     REAL ESTATE				
5. State of Formation RI	15					
6. Principal Office Address 227 LAUREL HILL AVE			City PROVIDENCE	State RI	Zip 02909	
7. Mailing Address of Limite	d Liability Compan	y and Name or Ti	tle of Contact Person	<u>_</u>	<del>, , , , , , , , , , , , , , , , , , , </del>	
Contact Name GUARIONEX MENDEZ			Contact Title MANAGER			
Street Address 227 LAUREL HILL AVE			City PROVIDENCE	State RI	<sup>Zip</sup> 02909	
		of the Limited Lia	bility Company, IF APPLICAB	E - DO NOT LIST	MEMBERS	
Manager Name GUARIONEX MENDEZ			Manager Name ADELINA M. MENDEZ			
Street Address 227 LAUREL HILL AVE			Street Address 227 LAUREL HILL AVE			
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<del></del> :	l			Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This informa	ition is currently of re	ecord with the Department of State			
Under penalty of perjury, I statements, and that all st	declare and affir atements contain	m that I have exa ed herein are tru	mined this report, including and correct.	any accompanyin	g schedules and	
Name of Authorized Person  GUARIONEX MENDEZ				Date 10/16/2018		
Signature of Authorized Pers	yender	SIGN D	OCUMENT HERE			
VA V			ru rn	(/		

MAIL TO:

**Division of Business Services** 

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

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

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