s s	tate of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
Lank	(401) 222-304		
HOPE	× ,		
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. <u>000162799</u>			
2. Exact Name of the Limited Liability Company <u>GI Associates Realty, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>621111</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
REAL ESTATE			
5. Principal Office Address			
No. and Street: <u>4 CARTIER COURT</u> SUITE 201			
	ST GREENWICH State: R	<u>RI</u> Zip: <u>02818</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: RAY MIS Contact Title:			
No. and Street: 215 TOLLGATE ROAD City or Town: WARWICK State: RI Zip: 02886 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country
MANAGER	MOE AZZOUZ	215 TOL	LGATE RD

WARWICK, RI 02886

MANAGER

RAYMOND J MIS DO

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

RAYMOND MIS, D.O. 215 TOLLGATE ROAD, SUITE 201 WARWICK , RI 02886

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

Signed this 4 Day of November, 2018 at 5:52:02 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 RAY MIS

Signature of Authorized Person

Form No. 632 Revised 09/07

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