STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
141569	GALLUCCI PROPERTIES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Real estate management

5. Principal office address	City	State	Zip
7 ROGER ROAD	JOHNSTON	RI	02919-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Stephen J. DiGianfilippo, Esq.	

Street Address	City	State	Zip
50 Park Row West, Suite 111	Providence	RI	02903

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐
ANY MODIFICATIONS TO MANAGER'S REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
Edward T. Gallucci	7 Roger Road	Johnston	RI	02919

8. RESIDENT AGENT IN RHODE ISLAND *DO NOT ALTER* Changes require filing of Form 642 - R.I.G.L. 7-16-51

Agent Name	Address
STEPHEN J. DIGIANFILIPPO, ESQ.	50 PARK ROW WEST, SUITE 111

Address	City	Zip
VIEIRA & DiGIANFILIPPO LTD.	PROVIDENCE	02903-

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 1 4 1 5 6 9 [redacted]

141569 DLLC 09/19/05 10:43:22 AM
File Date 10/27/05
Check No. 6562
By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person *Date* 10/12

[redacted] Edward T. Gallucci, Manager
Print or Type Name of Authorized Person

Form 632 Rev. 6/02