



State of Rhode Island
and Providence Plantations
Department of State – Business Services Division

FILED
SEP 24 2020
1009 *2*

148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2020

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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.

| | | | | | |
|---|--------------------|---|------|--|---------------------|
| 1. ID No. 109436 | | 2. Exact name of the limited liability company G.M.L. REALTY MANAGEMENT LLC | | 3. NAICS Code 531312 | |
| 4. Brief description of the character of the business which is actually conducted in Rhode Island purchase, sale, lease & manage real estate | | | | 5. State of Formation Rhode Island | |
| 6. Principal office address 56 North Shore Road | | City Voluntown | | State CT | Zip 06384 |
| 7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name George M. Lucas | | Contact Title Member | | | |
| Street Address 56 North Shore Road | | City Voluntown | | State CT | Zip 06384 |
| 8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name George M. Lucas | | Manager Name | | | |
| Street Address 56 North Shore Road | | Street Address | | | |
| City Voluntown | State CT | Zip 06384 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 9. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 | | | | | |

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

| |
|---------------------------------|
| File Date _____ |
| Check No. _____ |
| 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.

George M. Lucas 9/15/20
Signature of Authorized Person Date

George M. Lucas, Member

Print or Type Name of Authorized Person