

Street Address

RICHARD A. BOGUE, ESQ.

50 EXCHANGE TERRACE, SUITE 320

City

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

Matthew A. Brown, Secretary of State

Filing Period: September 1 - November 1

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005

Zip

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _ Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liability company GAL, LLC 109676 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **INVESTMENT RHODE ISLAND** 5. Principal office address c/o Plourde, Bogue & Moylan, LLP 50 Exchange Terrace, Suite 320 City State Zip Providence RI 02903 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Richard Bogue Operating Manager Street Address State 50 Exchange Terrace, Suite 320 02903 Providence RΙ 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 MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name Richard Bogue Street Address 50 Exchange Terrace, suite 320 Street Address Siate RI City ZipProvidence 02903 Manager Name Manager Name

Street Address

City

Address

City PROVIDENCE

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

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

|--|--|--|

State

109676

File Date Check No. 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.

Ζįρ

02903

Richard Bogue, Operating Manager

Print or Type Name of Authorized Person



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 ______ 2004_

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(FORM MUST BE TYPED O.	R PRINTED IN BLACK) 2. Exact name of the limited liabil	ity constrain			
1	-	иу сонализ			
3. State of Formation	GAL, LLC 4 Brief description of the	e character of the business wh	ich is actually conducted in Rhode .	Island	
RHODE ISLAND	INVESTMENT	o opination by the standard was	os a solution, contained in the solution		
5. Principal office address c/o_Plourde, Bogue, McLaughlin & Moylan, LLP 50 Exchange Terrace, Suite 320 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME			City Providence OR TITLE OF CONTACT P	State RI ERSON:	^{Zip} 02903
Contact Name Richard Bogue			Contact Title Operating Manag		
Street Address 50 Exchange Te	errace, suite 320		Providence	State RI	^{Zip} 02903
	FILL IN SPACES	BEFORE USING ATTAC	ILITY COMPANY, IF APPLI CHMENTS <i>("X" BOX FOR</i> JNG OF AMENDMENT, R.I	ATTACHMENT)) []) (2) / 7-16-52
Manager Name Richard Bogue		Manager Name			
Street Address			Street Address		
50 Exchange Te	errace. Suite 320				
Providence	State RI	^{Zip} 02903	City	State	Zip
Manager Name	•••••••••••	***************************************	Manager Name	•••••	
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT Agent Name	IN RHODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 6-	42 - R.I.G.L. 7-1	6-11
RICHARD BOGUE, ESQ.		PLOURDE, BOGUE, MCLAUC	SHLIN	Τ	
Address			City	Zip	
50 EXCHANGE TERRA	CE, 3RD FLOOR		PROVIDENCE 02903		02903

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 11304	.
Check No. 6548	
Ву:	
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.

Luhan Jose 11

Richard Bogue, Operating Manager

Print or Type Name of Authorized Person



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

2003

Filing Period: Septem	Filing Period: September 1 - November 1 • Filing Fee: \$50.00						
(FORM MUST BE TYPED (OR PRINT	ED IN BLACK)					
1. ID No. 109676		ame of the limited liability company AL, LLC					
3. State of Formation		4. Brief description of the	character of the business whic	ch is actually conducted in Rhode Islan	d	"	
RHODE ISLAND INVESTMENT							
5. Principal office address				City	State	Zip	
50 Exchange 1	Terrac	e, Suite 320		Providence	RI	02903	
			OMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:		
Contact Name				Contact Title	ن .		
Richard Bogu	e			Operating Manager			
Street Address				City	State	Zip	
50 Exchange	Terra	ce, Suite 320		Providence	RI	02903	
			F THE LIMITED LIABI	LITY COMPANY, IF APPLICAI	BLE		
			BEFORE USING ATTAC				
ANY	y modii	FICATIONS TO MAN	AGERS REQUIRES FIL	ING OF AMENDMENT, R.I.G.I	., 7-16-12 (a)) (2) / 7-16-52	
Manager Name				Manager Name			
Richard Bogu	ıe.			•			
Street Address	_			Street Address			
50 Exchange	Terra	ce, Suite 320		•			
City		State	Zip	City	State	Zip	
Providence		RI	02903		1	<u> </u>	
Manager Name			J	Manager Name	•••••		
Street Address	•			Street Address			
City		State	Zip	City	State	Zip	
			,			l l	
	T IN RH	ODE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-10	6-11	
Agent Name		Address					
RICHARD BOGUE, ESQ.			PLOURDE, BOGUE, MCLAUGH	LIN			
Address 50 EXCHANGE TERRACE, 3RD FLOOR			City PROVIDENCE		Zip 02903		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	FILED
Check No.	SEP 3 0 2003
Ву:	By M7467
	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.



Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

Filing Period: Septe	mber 1 -	November 1 • 1	Filing Fee: \$50.00	E REPORT 10				_
FORM MUST BE TYPE 1. ID No.		NTED IN BLACK) name of the limited liab	ilry company			 -	_	
109676	GAL, LL	•	my company					
3. State of Formation	1	4. Brief description of th	Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND		INVESTMENT						
5. Principal office addre	255		<u></u>	City	State		Zip	
50 Exchange To	errace	, Suite 320		Providence	RI		02903	
6. MAILING ADDI	RESS OI	LIMITED LIABI	LITY COMPANY AN	ND NAME OR TITLE O	F-CONTACT PI	ERSON:=		
Contact Name Richard Bogue				Contact Title Operating Manage				
Street Address				City	State		Zip	
50 Exchange To	errace	, Suite 320		· Providence	RI		02903	
7. NAME AND ADD		FILL IN SPACES E	BEFORE USING ATTA	D LIABILITY COMPAN CHMENTS ("X" BOX F LING OF AMENDMENT. R.I	OR ATTACHMENT,	Ш	. • • • • · · · · · · · · · · · · · · ·	
Manager Name				• Manager Name				
Richard Bogue				•				
Street Address			<u> </u>	• Street Address				
50 Exchange T	errace	, Suite 320						
City		State	Zip	City	State		Zip	
Providence Manager Name]	RI] 02903	Manager Name			l 	• • • •
Street Address				• Street Address				
City		State	Zip	City	State		Zip	
8. RESIDENT AGE	NT IN RE	ODE ISLAND-DO	∣ <i>NOT ALTER-</i> Change	s require filing of For	rm 642 - R.LG.L	7-16-11		
Agent Name			·	Address				
RICHARD BOGUE, ES	Q.			PLOURDE, BOGUE, MCLAU	GHLIN			_
Address			City Zip					
50 EXCHANGE TERRACE, 3RD FLOOR			PROVIDENCE 02903					

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



File Date	FILED
Check No.	OCT 16 2002
Ву:	By & 122949809-0
FOR SECRE	ETARY 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

Richard Bogue, Operating Manager

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

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ın	Number	DI I	0	109	676	
IU	number	ULL		IUJ	010	

Annual Report for the year 2001

1.	The name of the limited liability company	y is:		
	GAL, LLC			
2.	The address of the principal office of the	e limited liability company is:		
	50 Exchange Terrace, Suite 32	20, Providence, RI 02903		
3.	The state or other jurisdiction under the	laws of which it is formed is RHODE ISLAND		
The name and address of its resident agent is: RICHARD BOGUE, ESQ.				
•		EXCHANGE TERRACE, 3RD FLOOR PROVIDENCE RI 02903		
5.		ed liability company and the name or title of a person to whom communications		
٠.	may be directed are: Richard			
	50 Exchange Terrace, Suite 3			
6.		the business in which the limited liability company is actually engaged in this		
	state: Investment			
7.	If the limited liability company has mana	agers, the name and address of each manager of the limited liability company Address		
	Richard Bogue	50 Exchange Terrace, Suite 320, Providence, RI 02903		
	Operating Manager			
Da	ated //// 2001	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.		
	1 0 9 6 7 6	GAL, LLC Exact Name of Limited Liability Company		
File	FOR SECRETARY OF STATE USE ONLY e Date: 10-18-01	By Operating Manager		
Ch	eck No.: 2355	Title Form No. 632		
By	e de	Revised 01/99		

DETACH BOTTOM BEFORE RETURNING

Filing⁹Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 109676

Annual Report for the year 2000

טו	Number DLLC 109676	Alliudi	neportion the year 2000			
1.	The name of the limited liability compa	ny is:	•			
	GAL, LLC					
2.	The address of the principal office of the 50° Exchange Terrace, Providence		c/o Richard Bogue,	Esq.		
3.	The state or other jurisdiction under th	e laws of which it is formed is <u>I</u>	RHODE ISLAND			
4. The name and address of its resident agent is: RICHARD BOGUE, ESQ.						
	Plourde, Bogue, McLaughlin	& Moylan, LLP 50 Excha	ange Terrace, 3rd Floor,	Providence, RI 02903		
5.	The current mailing address of the lim	ited liability company and the n	ame or title of a person to whon			
	may be directed are: Richard	A. Bogue, Operating Man	age r			
	50 Exchange Terrace, 3rd F1					
	A brief statement of the character of state: Investment If the limited liability company has ma					
7.	Name	riagers, the hamb and addition	Address			
	Richard A. Bogue:	50 Exchange Ter	race, 3rd Floor, Providence	lence, RI 02903		
Da	nted 10/17/00	report, including any that all statements cont	ry, I declare and affirm that I has accompanying schedules and ained herein are true and correct arms of Limited Liability Company	i statements, and		
File	FOR SECRETARY OF STATE USE ONLY	By Operating N	Manager			
	eck No.: /0/0		Title	Form No. 632 Revised 01/99		
Ву	: 2			u akisan 01/22		