



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. 109676		2. Exact name of the limited liability company GAL, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT	
5. Principal office address c/o Plourde, Bogue & Moylan, LLP 50 Exchange Terrace, Suite 320		City Providence	State RI
		Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard Bogue		Contact Title Operating Manager	
Street Address 50 Exchange Terrace, Suite 320		City Providence	State RI
		Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Richard Bogue		Manager Name	
Street Address 50 Exchange Terrace, suite 320		Street Address	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name RICHARD A. BOGUE, ESQ.		Address	
Address 50 EXCHANGE TERRACE, SUITE 320		City PROVIDENCE	Zip 02903

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



109676

File Date	110405
Check No.	7458
By:	WB
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 **Richard Bogue, Operating Manager** Date **9-27-05**

Print or Type Name of Authorized Person



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Office of the Secretary of State
Matthew A. Brown, Secretary of State

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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Street Address 50 Exchange Terrace, suite 320		City Providence	State RI
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Street Address 50 Exchange Terrace, Suite 320		State RI	
City Providence		Zip 02903	
Manager Name		Manager Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name RICHARD BOGUE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
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.



* 1 0 9 6 7 6 *

File Date	11/3/04
Check No.	6528
By:	(Signature)
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) **11-1-04**
Signature of Authorized Person Date
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: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
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Street Address 50 Exchange Terrace, Suite 320		City Providence	State RI
		Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Richard Bogue		Manager Name	
Street Address 50 Exchange Terrace, Suite 320		Street Address	
City Providence	State RI	Zip 02903	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name RICHARD BOGUE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
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.



* 1 0 9 6 7 6 *

File Date	FILED
Check No.	SEP 30 2003
By:	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.

Signature of Authorized Person
Richard Bogue
Print or Type Name of Authorized Person
Date **9/12/03**



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 109676		2. Exact name of the limited liability company GAL, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INVESTMENT	
5. Principal office address 50 Exchange Terrace, Suite 320		City Providence	State RI Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Richard Bogue		Contact Title Operating Manager	
Street Address 50 Exchange Terrace, Suite 320		City Providence	State RI Zip 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 MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Richard Bogue		Manager Name	
Street Address 50 Exchange Terrace, Suite 320		Street Address	
City Providence	State RI	City	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name RICHARD BOGUE, ESQ.		Address PLOURDE, BOGUE, MCLAUGHLIN	
Address 50 EXCHANGE TERRACE, 3RD FLOOR		City PROVIDENCE	Zip 02903

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



* 1 0 9 6 7 6 *

File Date	FILED
Check No.	OCT 16 2002
By	By 132944809-0
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.

Richard Bogue 10/4/02
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

ID Number **DLLC 109676**

Annual Report for the year **2001**

1. The name of the limited liability company is:

GAL, LLC

2. The address of the principal office of the limited liability company is:

50 Exchange Terrace, Suite 320, Providence, RI 02903

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: RICHARD BOGUE, ESQ.

PLOURDE, BOGUE, MCLAUGHLIN 50 EXCHANGE TERRACE, 3RD FLOOR PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Richard Bogue, Operating Manager

50 Exchange Terrace, Suite 320, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Investment

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Richard Bogue

50 Exchange Terrace, Suite 320, Providence, RI 02903

Operating Manager

Dated 11/17 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.

GAL, LLC

Exact Name of Limited Liability Company

By Richard Bogue

Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-18-01

Check No.: 2355

By: ec

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

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

ID Number DLLC 109676

Annual Report for the year 2000

1. The name of the limited liability company is:

GAL, LLC

2. The address of the principal office of the limited liability company is:

50 Exchange Terrace, Providence, RI 02903 c/o Richard Bogue, Esq.

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: RICHARD BOGUE, ESQ.

Plourde, Bogue, McLaughlin & Moylan, LLP 50 Exchange Terrace, 3rd Floor, Providence, RI
02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Richard A. Bogue, Operating Manager

50 Exchange Terrace, 3rd Floor, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Investment

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Richard A. Bogue

50 Exchange Terrace, 3rd Floor, Providence, RI 02903

Dated 10/17/00



1 0 9 6 7 6

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.

GAL, LLC

Exact Name of Limited Liability Company

By [Signature]

Operating Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9/18

Check No.: 1010

By: [Signature]

Form No. 632
Revised 01/99