



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

OCT 20 2020

BY III DS

1. Entity ID Number 001445426		2. Exact name of the Limited Liability Company GLI, LLC			
3. NAICS Code 523991		4. Brief description of the character of business conducted in Rhode Island HOLDING, OWNING, BUYING, SELLING, PLEDGING IN ANY AND ALL INVESTMENT OPPORTUNITIES			
5. State of Formation RI					
6. Principal Office Address 2 ANGELL STREET, UNIT #2		City PROVIDENCE		State RI	Zip 02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name GEOFFREY LEWIS			Contact Title MEMBER		
Street Address 2 ANGELL STREET, UNIT #2		City PROVIDENCE		State RI	Zip 02903
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person GEOFFREY LEWIS				Date 10/6/2020	
Signature of Authorized Person 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov