



State of Rhode Island  
**Department of State - Business Services Division**

STAMP

Annual Report for the year: 2020  
 Limited Liability Company

**FILED**

OCT 20 2020

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

1. Entity ID Number 1681649		2. Exact name of the Limited Liability Company GALLEB, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island TO OWN AND MANAGE RESIDENTIAL REAL ESTATE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 27 CONNORS FARM DRIVE		City SMITHFIELD	State RI	Zip 02917	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name SUSAN J. GENTILE			Contact Title MEMBER		
Street Address 27 CONNORS FARM DRIVE		City SMITHFIELD	State RI	Zip 02917	
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 checked="" type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person SUSAN J. GENTILE, MEMBER				Date 10-5-20	
Signature of Authorized Person <i>Susan J. Gentile member</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov