(B)	State of Rhode Island  Department of State - Business Services Division

Annual Report for the year: 2020 **Limited Liability Company** 

**FILED** 

→ Filing period: September 1 - November 1

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

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1. Entity ID Number	· -	<del> </del>				
105599	5599 GMP Associates, LLC					
3. NAICS Code 4. Brief description of the character REAL ESTATE			acter of business conducted in	Rhode Island	-	
5. State of Formation RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
383 SMITHFIELD AVENUE			PAWTUCKET	RI	02860	
7. Mailing Address of Limite	d Liability Compan	y and Name or Tit	le of Contact Person	<del></del>		
Contact Name GUIDO J. PE	ETROSINELLI		Contact Title MANAGER			
Street Address 383 SMITHFIELD AVENUE			City PAWTUCKET	State RI	<sup>Zip</sup> 02860	
8. List <b>ALL</b> managers (nam	es and addresses)	of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name GUIDO J. PETROSINELLI			Manager Name			
Street Address 383 SMITHFIELD AVENUE			Street Address			
City PAWTUCKET	State RI	<sup>Zip</sup> 02860	City	State	Zıp	
Manager Name	·		Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			<b>.</b>	Check the box to	indicate an attachment	
9. The Resident Agent infor	mation currently of	record with the Ri	Department of State is accura	ate. Changes requi	re filing Form 642.	
Under penalty of perjury, statements, and that all s			nmined this report, including se and correct.	any accompanyir	ng schedules and	
Name of Authorized Person	1	_		Date		
GUIDO J. PETROSINEL	.LI	1	my Now	1 9/3	12/20	
Signature of Authorized Per	rson	• /		7 7		

MAIL TO:

**Division of Business Services** 

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