



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

STAMP

OCT 30 2020

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1. Entity ID Number 00788119		2. Exact name of the Limited Liability Company Gale Goff, LLC.			
3. NAICS Code 541310		4. Brief description of the character of business conducted in Rhode Island Design and architecture			
5. State of Formation Rhode Island					
6. Principal Office Address 31 Rhode Island Avenue		City Newport	State RI	Zip 02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Gale Goff			Contact Title Owner		
Street Address 31 Rhode Island Avenue		City Newport	State RI	Zip 02840	
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 Rebecca McSweeney, Esq.				Date 10-25-20	
Signature of Authorized Person <i>Rebecca McSweeney</i>					

MAIL TO:
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