



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year: 2020

2020 DEC 10 PM 2: 22

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.

|   |       |   |   |                    |              |
|---|-------|---|---|--------------------|--------------|
| 1. Entity ID Number<br>89993  |       | 2. Exact name of the Limited Liability Company<br>Gano Holdings, LLC                        |   |                    |              |
| 3. NAICS Code<br>721110   |       | 4. Brief description of the character of business conducted in Rhode Island<br>Real Estate. |   |                    |              |
| 5. State of Formation<br>Rhode Island   |       |   |   |                    |              |
| 6. Principal Office Address<br>1140 Reservoir Avenue  |       |   | City<br>Cranston                        | State<br>RI        | Zip<br>02920 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |   |                    |              |
| Contact Name Elizabeth A. Procaccianti  |       |   | Contact Title Authorized Representative |                    |              |
| Street Address 1140 Reservoir Avenue  |       |   | City Cranston                           | State RI           | Zip 02920    |
| 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.   |       |   |   |                    |              |
| <i>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.</i> |       |   |   |                    |              |
| Name of Authorized Person<br>Elizabeth A. Procaccianti  |       |   |   | Date<br>11/24/2020 |              |
| Signature of Authorized Person<br>  |       |   |   |                    |              |

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MAIL TO:

Division of Business Services  
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