



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2018

## 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.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Entity ID Number<br>001670802                                                                                                                                                                            |       | 2. Exact name of the Limited Liability Company<br>GHT LLC                                                                                                                                          |                             |
| 3. NAICS Code<br>531110                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>This LLC is currently not used for anything, but hopefully will be used for investment properties at a future date. |                             |
| 5. State of Formation<br>RI                                                                                                                                                                                 |       |                                                                                                                                                                                                    |                             |
| 6. Principal Office Address<br>53 Derbyshire drive                                                                                                                                                          |       | City<br>Cranston                                                                                                                                                                                   | State<br>RI<br>Zip<br>02921 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                                                                                    |                             |
| Contact Name<br>Garabed Tashian                                                                                                                                                                             |       | Contact Title<br>President                                                                                                                                                                         |                             |
| Street Address<br>10 Sugarhill Ct.                                                                                                                                                                          |       | City<br>Cranston                                                                                                                                                                                   | State<br>RI<br>Zip<br>02921 |
| 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<br>State<br>Zip        |
| Manager Name                                                                                                                                                                                                |       | Manager Name                                                                                                                                                                                       |                             |
| Street Address                                                                                                                                                                                              |       | Street Address                                                                                                                                                                                     |                             |
| City                                                                                                                                                                                                        | State | Zip                                                                                                                                                                                                | City<br>State<br>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>Garabed Tashian                                                                                                                                                                |       | Date<br>12/21/20                                                                                                                                                                                   |                             |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                                                                                                                    |                             |

## MAIL TO:

Division of Business Services

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FORM 632 - Revised: 08/2020