RI SOS Filing Number: 202193439690 Date: 3/1/2021 4:00:00 PM

Appual Depart for t	the year. 2020	9				
Annual Report for t ∟imited Liability Co	uie yeai.	···			•-	
→ Filing period: Septe	-	ner 1			<b>~</b> 2	
→ Filing Fee \$50.00					<b>8</b>	
-> Penalty Additional \$	25.00 fee if form	is not filed by D	ecember 1.	_	A CO	
1 Entity ID Number	2 Exact na	2 Exact name of the Limited Liability Company				
812216	Į.	G.A.G. REALTY, ITC				
3 NAICS Code	4 Bneldes	4. Brief description of the character of husiness conducted to Bloods felecati				
53[110		The purchase, ownership, sale and development of real property  Compared to the character of obstiness conducted in Action Island  Compared to the character of obstiness conducted in Action Island  Compared to the character of obstiness conducted in Action Island  Compared to the character of obstiness conducted in Action Island  Compared to the character of obstiness conducted in Action Island  Compared to the character of obstiness conducted in Action Island  Compared to the character of obstiness conducted in Action Island  Compared to the character of obstiness conducted in Action Island  Compared to the character of obstiness conducted in Action Island  Compared to the character of obstiness conducted in Action Island  Compared to the character of the char				
5 State of Formation	<del>-</del>		····· servenjamen ar cen p	- <b> </b>	6	
Rhode Island						
6 Principal Office Address	 ;		City	State	Zip	
392 Bradford Road			Bradford	RI	02808	
7 Mailing Address of Limit	ted Liability Compa	iny and Name o	r Title of Contact Person			
Contact Name Gina Gervas	ini		Contact Title			
Street Address 14 Pearl Street			City Westerly	State R1	Zip <sub>02891</sub>	
8 List ALL managers (nar	mes and addresses	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name NONE			Manager Name			
Street Address			Street Address			
City	State	Zιρ	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Ζιρ	
·	<u></u>		l	Check the box to	indicate an attachment	
			RI Department of State is acc	urate. Changes requir	e filing Form 642.	
Under penalty of perjury, statements, and that all s	, I declare and affi	rm that I have	examined this report, include	ing any accompanyin	g schedules and	
Name of Authorized Perso			we and confect.	Date		
Gioa A. Gervasini				2.25	-21	

MAIL TO:

**Division of Business Services** 

148 W River Street Providence Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED M

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BY CM 3C66+ 2:36