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State of Rhode Island

Department of State - Business Services Division

R.I. DEPT OF STATE BUS SVCS DIVT. MP

2021 OCT 14 AM 9: 05

Annual Report for the year: 2021 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 000087255	2. Exact name of the Limited Liability Company THE GINALSKI FAMILY COMPANY,LLC					
3. NAICS Code 531120	Brief description of the character of business conducted in Rhode Island HOLDING INVESTMENTS					
5. State of Formation RHODE ISLAND						
6. Principal Office Address P.O. BOX 512			City LONG KEY	State FL	Z _{IP} 33001	
7. Mailing Address of Limited Li		any and Name o				
Contact Name GAIL ELLINGTON			Contact Title MEMBER	Contact Title MEMBER		
Street Address PO BOX 512			City LONG KEY	State FL	^{Zıp} 33001	
8. List ALL managers (names a	ind addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name Ellington			Manager Name	Manager Name		
Street Address Sox S12			Street Address	Street Address		
City Long Key	State	^{Z1p} 3300	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
	<u>, , , , , , , , , , , , , , , , , , , </u>			Check the box to	indicate an attachment	
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 de statements, and that all state	clare and aft ments conta	firm that I have ined herein are	examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person GAIL ELLINGTON				Date 10 · 7 - 2024		
Signature of Authorized Repsof						
100	7				· · ·	

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

OCT 14 2021

FORM 632 - Revised: 08/2020