



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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.

NOV 01 2021

BY

1046

DS

|                                                                                                                                                                                                             |       |                                                                                                                                       |                               |                           |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>126137</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>TG Developers, LLC</b>                                                           |                               |                           |                     |
| 3. NAICS Code<br><b>53 - Real Estate and Rental and</b>                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>To own, develop, manage and operate real estate</b> |                               |                           |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                                                       |                               |                           |                     |
| 6. Principal Office Address<br><b>40 Byron Randall Rd</b>                                                                                                                                                   |       |                                                                                                                                       | City<br><b>North Scituate</b> | State<br><b>RI</b>        | Zip<br><b>02857</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                       |                               |                           |                     |
| Contact Name <b>John Dell'Oro</b>                                                                                                                                                                           |       |                                                                                                                                       | Contact Title                 |                           |                     |
| Street Address <b>40 Byron Randall Rd</b>                                                                                                                                                                   |       |                                                                                                                                       | City <b>North Scituate</b>    | State <b>RI</b>           | Zip <b>02857</b>    |
| 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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                                       |                               |                           |                     |
| <b>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.</b> |       |                                                                                                                                       |                               |                           |                     |
| Name of Authorized Person<br><b>John Dell'Oro</b>                                                                                                                                                           |       |                                                                                                                                       |                               | Date<br><b>10-28-2021</b> |                     |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                                                       |                               | SIGN DOCUMENT HERE        |                     |

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov