

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2021
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | |
|---|--|--|--------------------|
| 1. Entity ID Number <u>001336423</u> | | 2. Exact name of the Limited Liability Company <u>GAMA Properties, LLC</u> | |
| 3. NAICS Code <u>531110</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Rental of residential real estate.</u> | |
| 5. State of Formation <u>Rhode Island</u> | | | |
| 6. Principal Office Address <u>141 Doyle Avenue Unit #2</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02906</u> | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>Grant L. Cohen</u> | | Contact Title <u>Member</u> | |
| Street Address <u>141 Doyle Avenue Unit #2</u> | | City <u>Providence</u> | State <u>RI</u> |
| | | Zip <u>02906</u> | |
| 8. 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 <u>Grant L. Cohen</u> | | Date <u>8/11/23</u> | |
| Signature of Authorized Person  | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY RMxSy
