



State of Rhode Island
Department of State - Business Services Division

STA 12

Annual Report for the year: 2025

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 001668203 | | 2. Exact name of the Limited Liability Company G S A PROPERTIES, LLC | | |
| 3. NAICS Code 531390 | | 4. Brief description of the character of business conducted in Rhode Island FOR THE OWNERSHIP AND MANAGEMENT OF REAL ESTATE. | | |
| 5. State of Formation RHODE ISLAND | | | | |
| 6. Principal Office Address 50 NIANTIC AVENUE | | City PROVIDENCE | State RI | Zip 02907 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name GLENN M. AMORE | | Contact Title Member | | |
| Street Address 50 NIANTIC AVENUE | | City PROVIDENCE | State RI | Zip 02907 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| 9. 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. | | | | |
| Name of Authorized Person GLENN M. AMORE, MEMBER | | | Date 2-3-25 | |
| Signature of Authorized Person ✓ | | | | |

FILED

FEB 24 2025

BY 0232

MAIL TO:

Division of Business Services

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