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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
129423	CTS Capital Management, LLC, a Deleware LLC,

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	REAL ESTATE MANAGEMENT

5. Principal office address	City	State	Zip
231 WILLOW ST.	YARMOUTH PORT	MA	02675

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
RON PFENNING	ADMINISTRATOR

Street Address	City	State	Zip
231 WILLOW ST.	YARMOUTH PORT	MA	02675

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Charles G. Bilezikian	88 Mill Lane	Yarmouthport	MA	02675
Gregory C Bilezikian	118 Brigantine Circle	Norwell	MA	02061
Doreen Bilezikian	88 Mill Lane	Yarmouthport	MA	02675
Jeffrey D. Bilezikian	29 Adams Ave.	Watertown	MA	02472

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

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.

Signature of Authorized Person *Date*

[redacted]

Print or Type Name of Authorized Person

FILED
File Date OCT 29 2007
Check No.
By: By

16176-20-199749
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07