



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. 129423		2. Exact name of the limited liability company CTS Capital Management, LLC, a Delaware LLC,	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE MANAGEMENT	
5. Principal office address 231 WILLOW ST.		City YARMOUTH PORT	State MA
		Zip 02675	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RON PFENNING		Contact Title ADMINISTRATOR	
Street Address 231 WILLOW ST.		City YARMOUTH PORT	State MA
		Zip 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 Charles G. Bilezikian		Manager Name Gregory C. Bilezikian	
Street Address 88 Mill Lane		Street Address 118 Brigantine Circle	
City Yarmouthport	State MA	City Norwell	State MA
Zip 02675		Zip 02061	
Manager Name Doreen Bilezikian		Manager Name Jeffrey D. Bilezikian	
Street Address 88 Mill Lane		Street Address 29 Adams Ave.	
City Yarmouthport	State MA	City Watertown	State MA
Zip 02675		Zip 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 CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

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

FILED

File Date **OCT 29 2007**

Check No. **By 10-11-07**

By: **10-11-07**

FOR SECRETARY OF STATE USE ONLY

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

Print or Type Name of Authorized Person