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

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

| LOGOUT |

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

Help with this form

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.

ANNUAL REPORT YEAR: 2010

1. ID No. 000117218

2. Exact Name of the Limited Liability Company CPR Property Management, LLC

3. State of Formation

State:

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PURCHASE, MAINTAIN AND SELL REAL ESTATE

5. Principal Office Address

No. and Street: 80 BLAISDELL AVENUE

City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: JOHN PITA SR. Contact Title: MANAGER
No. and Street: 80 BLAISDELL AVENUE

City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

First Name: Middle Name: Last Name: Suffix:

Address: City: State Zip: Country

Clear Add

FILED
AUG 31 2010
By
Ch# 1745

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

JOHN PITA, SR. 80 BLAISDELL AVENUE PAWTUCKET , RI 02860-

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

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: JOHN PITA SR.
Business Name: CPR PROPERTY MANAGEMI
No. and Street: 80 BLAISDELL AVE. - Same Address as -

City or Town: PAWTUCKET State: R. Zip: 02860 Country: PRO
Contact Phone: 724-1615 ext:
Contact Email: LUCYANDJP@COX.NET Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 27 Day of August, 2010 at 8:36:28 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By _____
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

(•) Accept ( ) Decline

Click HERE to Submit This Information

Form No. 632
Revised 09/07

Help

FILED
AUG 31 2010
By _____
SD # 117218