



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 2011**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*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. 130264	2. Exact name of the limited liability company CRUZ RENTAL LLC
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3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE OWNERSHIP
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5. Principal office address 350 WASHINGTON HWY.	City LINCOLN	State RI	Zip 02865
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5. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph Raheb	Contact Title Attorney		

Street Address 350 Washington Hwy.	City Lincoln	State RI	Zip 02865
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**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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**9. RESIDENT AGENT IN RHODE ISLAND**

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

OCT 01 2011

*gmd 29153860*  
 This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

130264

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.

*Dawn Cruz*      9/16/11  
 Signature of Authorized Person      Date  
 DAWN CRUZ  
 Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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