



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

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. 264082		2. Exact name of the limited liability company CPC REALTY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 17 MINNESOTA AVENUE		City WARWICK	State	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN M ADAMS			Contact Title MANAGER		
Street Address P.O. BOX 1298		City SAGAMORE BEACH	State MA	Zip 02568	
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) <input type="checkbox"/>					
Manager Name JOHN M. ADAMS			Manager Name		
Street Address P.O. Box 1298			Street Address		
City Sagamore Beach	State MA	Zip 02568	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name E. COLBY CAMERON			Address		
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908		

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2011 OCT 17 PM 12:16

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

FILED

OCT 17 2011

By 154468

DS

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] 10/13/11
Signature of Authorized Person Date

JOHN M. ADAMS, MANAGER

Print or Type Name of Authorized Person

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY