



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

A. Robert Moffat, Secretary of State
Office of the Secretary of State
145 W. River Street
Providence, RI 02904-2625
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 ON BLACK INK.
In accordance with R.I.G.L. 7-16-65(b), each limited liability company failing to file its annual report within 30 days after the date prescribed by law
R.I.G.L. 7-16-65 (b) is subject to a penalty for of \$250.00

1. ID No. 127769		2. Exact name of the limited liability company ONE CWA ASSOCIATES LLC	
3. State of formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRE, OPERATE, HOLD AND SELL REAL ESTATE	
5. Principal office address 61 Ledge Road #G Newport, R.I. 02840		6. Member DIANA LEWINSTEIN 61 Ledge Road #G Newport, R.I. 02840	
7. Manager Name DIANA LEWINSTEIN 61 Ledge Road #G Newport, R.I. 02840		8. Manager Name DIANA LEWINSTEIN 61 Ledge Road #G Newport, R.I. 02840	
9. Street Address 61 Ledge Road #G Newport, R.I. 02840		10. Street Address 61 Ledge Road #G Newport, R.I. 02840	
11. City Newport		12. City Newport	
13. State R.I.		14. State R.I.	
15. Zip 02840		16. Zip 02840	
17. Signature DIANA LEWINSTEIN		18. Signature DIANA LEWINSTEIN	
19. Date 10/24/11		20. Date 10/24/11	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-65(b).

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements furnished herein are true and correct.

DIANA LEWINSTEIN
Signature of Authorized Person

10/24/11

DIANA LEWINSTEIN
Print or Type Name of Authorized Person

Form 632 Rev. 07/06

FILED

OCT 31 2011

By

mnc
CH #1170