



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. 138604		2. Exact name of the limited liability company CSC INVESTMENTS LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REHAB CONSTRUCTION	
5. Principal office address 169 GRASSMERE AVE		City EAST PROVIDENCE	State RI
		Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name VICTOR CASTRO		Contact Title GENERAL MANAGER	
Street Address 114 LINCOLN AVE		City SWANSEA	State MA
		Zip 02777	
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 VICTOR CASTRO		Manager Name	
Street Address 114 LINCOLN AVE		Street Address	
City SWANSEA	State MA	City	State
Zip 02777		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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		Address	
Address		City	Zip

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

FILED

NOV 18 2011

By 152949

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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 11/18/11

VICTOR CASTRO
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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