



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>146201</b>		2. Exact name of the limited liability company <b>CCRB ASSOCIATES, LLC</b>					
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>to deal in real estate</b>					
5. Principal office address <b>37 Sanderson Road</b>				City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-0000</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>							
Contact Name <b>Peter R. D'Agostino</b>				Contact Title <b>Member</b>			
Street Address <b>37 Sanderson Road</b>				City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917-0000</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
Manager Name <b>N/A</b>				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		
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>							
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.							

**FILED**

**AUG 14 2012**

By *MME*  
*CL # 6315*

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

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.

*Peter R. D'Agostino* **09/04/2012**  
 Signature of Authorized Person Date

By: \_\_\_\_\_  
 Print or Type Name of Authorized Person

**Member**