

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 _20/2

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.	2. Exact na	me of the limited liab	pility company				
523334	CUE	5 Propert	ies LLC				
State of Formation	4. Brief des	cription of the charac	cter of business conducted in Rhode	Island			
RI	1	erty Mano					
. Principal office addre	ess		City	State	Zip		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA			Johnston.	07	1 *		
			AME OR TITLE OF CONTACT PERSON:				
ontact Name			Contact Title				
Christopher Jaswell Great Address Co Pine Crest Dr			President				
treet Address			City	State	Zip		
6 Pine Crest Dr			大小	0-	ì '		
o rive cr	624 127.		Johnston	KT	02919		
LIST <u>ALL</u> MANAGE ("X" BOX FOR ATT	RS (NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO N	OSQ19		
LIST <u>ALL</u> MANAGE ("X" BOX FOR ATT	RS (NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO N	ORGIA		
. LIST <u>all</u> manage	RS (NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO N	OZQJ9		
LIST ALL MANAGE ("X" BOX FOR ATT. anager Name reet Address	RS (NAMES AND ADI	PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF Manager Name	APPLICABLE - DO N	Oaqjq		
LIST ALL MANAGE ("X" BOX FOR ATT. anager Name reet Address	ERS (NAMES AND ADD ACHMENT)		Manager Name Street Address City		OT LIST MEMBE		
LIST ALL MANAGE ("X" BOX FOR ATT, anager Name reet Address ty anager Name	ERS (NAMES AND ADD ACHMENT)		Manager Name Street Address		OT LIST MEMBE		
LIST <u>ALL</u> MANAGE ("X" BOX FOR ATT anager Name	ERS (NAMES AND ADD ACHMENT)		Manager Name Street Address City		OT LIST MEMBE		
LIST ALL MANAGE ("X" BOX FOR ATT, anager Name reet Address by anager Name reet Address	RS (NAMES AND ADDACHMENT)	Zip	LIMITED LIABILITY COMPANY, IF Manager Name Street Address City Manager Name Street Address	State	Zip		
LIST ALL MANAGE ("X" BOX FOR ATT, anager Name reet Address y anager Name reet Address	ERS (NAMES AND ADD ACHMENT)		LIMITED LIABILITY COMPANY, IF Manager Name Street Address City Manager Name		OT LIST MEMBE		
LIST ALL MANAGE ("X" BOX FOR ATT, anager Name reet Address ty anager Name	State	Zip	LIMITED LIABILITY COMPANY, IF Manager Name Street Address City Manager Name Street Address	State	Zip		

FILED

SEP 1 2 2012 RV \7\\733

	CB	Under penalty of perjury, I declare and affi	en that I have avancinat
File Date		this report, including any accompanying s	chedules and statements
Check No		and that all state nents contained herein a	7/II/2012
Ву:		Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		Christopher Jaswell Print or Type Name of Authorized Porson	

Form No. 632 Revised: 01/2012