

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 2011

Filing Period: September 1 - November 1 • This period 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. 118724		2. Exact name of the limited liability company CWS Properties, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Own, Lease and Sell Real Property and Improvements			
5. Principal office address 1425 Park Avenue		City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael A. Kearney		Contact Title Manager			
Street Address 1425 Park Avenue		City Cranston	State RI	Zip 02920	
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"/>					
Manager Name Michael A. Kearney		Manager Name William T. Heaton			
Street Address 1425 Park Avenue		Street Address 1425 Park Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642.					

FILED 1153

JAN 04 2013

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 DIVISION OF BUSINESS SERVICES


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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.

 1/3/13
 Signature of Authorized Person Date

William T. Heaton
 Print or Type Name of Authorized Person