



**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

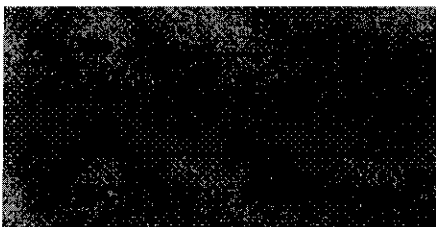
**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013**

**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.<br><b>121850</b>                   |                    | 2. Exact name of the limited liability company<br><b>COELHO MANAGEMENT COMPANY, LLC</b>                                                                           |                                           |                    |                          |
| 3. State of Formation<br><b>Rhode Island</b>        |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>to manage and be the general partner of The CMC Family Limited Partnership.</b> |                                           |                    |                          |
| 5. Principal office address<br><b>50 Berry Lane</b> |                    |                                                                                                                                                                   | City<br><b>Bristol</b>                    | State<br><b>RI</b> | Zip<br><b>02809-0000</b> |
| Contact Name<br><b>Charles Coelho</b>               |                    |                                                                                                                                                                   | Contact Title<br><b>Member</b>            |                    |                          |
| Street Address<br><b>50 Berry Lane</b>              |                    |                                                                                                                                                                   | City<br><b>Bristol</b>                    | State<br><b>RI</b> | Zip<br><b>02809-0000</b> |
| Manager Name<br><b>Charles Coelho</b>               |                    |                                                                                                                                                                   | Manager Name<br><b>Jonathan C. Coelho</b> |                    |                          |
| Street Address<br><b>120 Hopeworth Avenue</b>       |                    |                                                                                                                                                                   | Street Address<br><b>50 Berry Lane</b>    |                    |                          |
| City<br><b>Bristol</b>                              | State<br><b>RI</b> | Zip<br><b>02809</b>                                                                                                                                               | City<br><b>Bristol</b>                    | State<br><b>RI</b> | Zip<br><b>02809</b>      |
| Manager Name                                        |                    |                                                                                                                                                                   | Manager Name                              |                    |                          |
| Street Address                                      |                    |                                                                                                                                                                   | Street Address                            |                    |                          |
| City                                                | State              | Zip                                                                                                                                                               | City                                      | State              | Zip                      |

**This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.**



**FILED**  
 AUG 13 2013  
 1760

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.

*Charles Coelho*  
 Signature of Authorized Person 09/01/2013  
Date

**Charles Coelho**  
 Print or Type Name of Authorized Person