



**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.

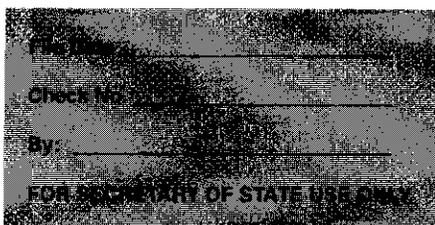
**Filing Fee:** \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <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>MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME 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>CONTACT MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - NO MORE THAN 5 MEMBERS</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>RESIDENT ADDRESS 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 20 2013**

BY *65022*



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* Member 09/01/2013  
 Signature of Authorized Person Date

**Peter R. D'Agostino**

Print or Type Name of Authorized Person

**Member**