



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. 505188		2. Exact name of the limited liability company CMS, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO HOLD REAL ESTATE			
5. Principal office address 1 LONGMEADOW ROAD		City LINCOLN	State RI	Zip 02865	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT J. MONTGOMERY		Contact Title			
Street Address 1 LONGMEADOW ROAD		City LINCOLN	State RI	Zip 02865	
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 ROBERT J. MONTGOMERY		Manager Name KATHLEEN A. MONTGOMERY			
Street Address 1 LONGMEADOW ROAD		Street Address 1 LONGMEADOW ROAD			
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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 Form 642.					

FILED

SEP 26 2013

BY CM 206825

SECRETARY OF STATE
 CORPORATIONS DIV
 2013 SEP 26 AM 11:47

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.

Robert J. Montgomery
 Signature of Authorized Person

9/23/13
 Date

ROBERT J. MONTGOMERY
 Print or Type Name of Authorized Person