

## 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

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## 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.		me of the limited liab	oility company			
000157037	CVDDI, I	LLC				
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island     Real Estate Development				
Rhode Island	Real Est					
5. Principal office address 235 Promenade Street, Suite 440			City Providence	State RI	Zip <b>02908</b>	
6. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON:		
Contact Name Anthony J. Bucci, J	r., Esq.		Contact Title ATT ULIVLY			
Street Address 155 South Main Street, Suite 405			City Providence	State <b>RI</b>	Žip <b>02903</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		DRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - <u>DO</u>	NOT LIST ME	MBERS
Marci	· · · · · · · · · · · · · · · · · · ·		Manager Name			
Street Address			Street Address			
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City		·	City	State	2013 OCT 28 I	$\circ$
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City  Manager Name  Street Address		Zip	City  Manager Name  Street Address		3 OCT 28 A	CRETARY OF

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Ву:	<del></del>
FOR SECRETARY OF STATE USE OF	NLY

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.

Signature of Authorized Person

10/24/2013 Date

Vincent J. Mesolella Jr.

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012