



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. 148617		2. Exact name of the limited liability company CAS LLC			
3. State of Formation Nevada		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 6 Welley St		City Bristol	State RI	Zip 02809	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Carol Smith		Contact Title Manager			
Street Address 6 Welley St		City Bristol	State RI	Zip 02809	
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 CAROL Smith		Manager Name			
Street Address 6 Welley St		Street Address			
City Bristol	State RI	Zip 02809			
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip			
Manager Name		Manager Name			
Street Address		Street Address			
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

DEC 31 2013

File Date _____ BY **120**
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.

Signature of Authorized Person

12/24/13
Date

Carol Smith
Print or Type Name of Authorized Person