



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 585705		2. Exact name of the limited liability company CGHE Holdings , LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island real estate holding company			
5. Principal office address 1196 Smith Street		City Providence	State RI	Zip 02908	
Contact Name Kristofer Haggarty, D.M.D.		Contact Title Manager			
Street Address 1196 Smith Street		City Providence	State RI	Zip 02908	
Manager Name Kristofer Haggarty		Manager Name Bakhom M. Girgis			
Street Address 1196 Smith Street		Street Address 1196 Smith Street			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Manager Name William R. Conroy, Jr.		Manager Name			
Street Address 1196 Smith Street		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 – R.I.G.L. 7-16-11 Orson and Brusini Ltd.

FILED

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

SEP 11 2014

BY

[Signature]

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] **DMD** **9/3/14**
Signature of Authorized Person Date

Kristofer Haggarty, D.M.D., Manager

Print or Type Name of Authorized Person

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY