

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

Phoné: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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. 797875		2. Exact name of the limited liability company CPRI02835, LLC				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island deal in real property and improvements and any other lawful purpose				
Rhode Island	deal in re					
5. Principal office address 200 Centerville Road, Suite 4			City Warwick	State RI	Zip 02886	
	F LIMITED LIABILI	Y COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Mark A. Sjoberg, Esq.			Contact Title Attorney			
Street Address 200 Centerville Road, Suite 4			City Warwick	State RI	Zip 02886	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		RESSES) OF THE LI	MITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBER	
Manager Name Richard T. Hauke			Manager Name			
			Manager Name		- 100	
Richard T. Hauke	d		Manager Name Street Address			
Richard T. Hauke Street Address 47 Longfellow Roa	d State RI	Zip 02835		State	Zip	
Richard T. Hauke Street Address 47 Longfellow Roa City Jamestown	State	Zip 02835	Street Address	State	Zip	
Richard T. Hauke Street Address 47 Longfellow Road City Jamestown Manager Name	State	Zip 02835	Street Address City	State	Zip	
Richard T. Hauke Street Address 47 Longfellow Road City Jamestown Manager Name Street Address	State	Zip 02835 Zip	Street Address City Manager Name	State	Zip	
Street Address 47 Longfellow Road	State RI State	02835	Street Address City Manager Name Street Address	State		

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NOV 05 2014

BY 25

File Date	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.		
Check No	(word The way	1 not 14	
By:	Signature of Authorized Person /	Date	
FOR SECRETARY OF STATE USE ONLY	Richard T. Hauke, Manager		
FUR SECRETARY OF STATE USE UNLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012