

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 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.		2. Exact name of the limited liability company Cedar Chest Realty, LLC				
877698						
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Real esta	Real estate investment and leasing company				
5. Principal office address 1001 Hartford Avenue			City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS OF I	IMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT	PERSON:		
Contact Name Thomas Thomas, C.P.A.			Contact Title Manager			
Street Address 1001 Hartford Avenue			City Johnston	State RI	Zip 02919	
7. LIST <u>ALL</u> MANAGERS (F ("X" BOX FOR ATTACHN		RESSES) OF THE LIF	WITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Thomas Thomas, C.P.A.			Manager Name			
Street Address 1001 Hartford Avenue			Street Address			
City Johnston	State RI	Zip 02919	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	ODE ISLAND					
This information is current	ly of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.		

FILED

DEC 0 & 2014 1042/1127

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	(1/her) 11/34/1		
By:	Signature of Authorized Person V Date		
FOR CEOPETARY OF CTATE HEE ONLY	Thomas Thomas, Manager		
FOR SECRETARY OF STATE USE ONLY	Print or Time Name of Authorized Porcen		

Form No. 632 Revised: 01/2012