

## 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

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.

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1. Entity ID No.	2. Exact name of	f the limited liability cor	npany				
787924	CF	lo Realto	1 Investmen	45, LL	-C		
3. State of Formation	f Formation 4. Brief description of the character of business conducted in Rhode Island						
RI	1	ral Esta	• =				
5. Principal office address (22-130	Washing	ton st	City Providence	State	zip 02903		
6. MAILING ADDRESS OF LIN	MITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERSO	MC: NC	antiga bidinaanii ii ji		
Contact Name Sunyoung Cho			Contact Title Manager  City Fox Boro State MA Zip 0 Z 0 35				
Street Address P.O. BOX 191			City FOXBORO	State MA	Zip 0 Z o 35		
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	.MES AND ADDRES	SSES) OF THE LIMITE	D LIABILITY COMPANY, IF APP	LICABLE - <u>DO N</u>	OT LIST MEMBERS		
Manager Name Sunyoung Cho Street Address P. O. Box 191			Manager Name				
Street Address P. O. B	0X 191	, , <u>, , , , , , , , , , , , , , , , , </u>	Street Address				
city FOXBORO	State MA	Zip 02035	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RHO	DE ISLAND				intelesses septimistratives si		
This information is currently	of record in the Off	ice of the Secretary o	f State. Changes require filing	Form 642.			
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FOR SE	CRETA	RY OF S	STATE U	SE ONLY

Form No. 632 Revised: 01/2012

Under penalty of perjury, I declare and affirm that this report, including any accompanying schedules and state and that all statements contained herein are true and correct.