



**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. <b>000652137</b>		2. Exact name of the limited liability company <b>Gray Craig Estate LLC</b> <i>REAL ESTATE MANAGEMENT</i>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Domestic Limited Liability Company</b> <i>REAL ESTATE MANAGEMENT</i>			
5. Principal office address <b>75 Gray Craig Road</b>		City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Andrew B Constantine</b>			Contact Title <b>Manager</b>		
Street Address <b>75 Gray Craig Road</b>		City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <b>CS Management Corp</b>		Manager Name			
Street Address <b>25 Country Farm Road</b>		Street Address			
City <b>Forestdale</b>	State <b>MA</b>	Zip <b>02644</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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 2015 JAN 2 PM 12:01  
 2014 SEP 12 AM 10:55

**FILED**

JAN 02 2015

By *23956*

*A.A. 12:03 P.M.*

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.

09/11/2014

Signature of Authorized Person

Date

**Andrew B Constantine**

Print or Type Name of Authorized Person

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**