

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 nai	2. Exact name of the limited liability company					
00158705	CMV Pro	CMV Properties, LLC					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
RI		Real Estate					
5. Principal office address 1080 Great Hill Road			City Lincoln	State RI	Zip 02865		
CALL AND ADDRESS.		ARTITUTE AND ALL FREE	Comme Comments	VIEW CORRESPONDED			
Contact Name Joanne Vincent			Contact Title Manager				
Street Address 1080 Great Hill Road			City Lincoln	State RI	Zip 02865		
7. LIST ALE MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADD HMENT)	RESSESTOR THE LI	MITED LIABILITY COMPANY		NOT LIST MEMBERS		
Manager Name Joanne Vincent			Manager Name Mathew Vincent				
Street Address 1080 Great Hill Road			Street Address 1080 Great Hill Road				
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	^{Zip} 02865		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN			TOUR CONTROL	ica. Profiles (1)			
This information is curre	ntly of record in the	Office of the Secret	ary of State. Changes require	e filing Form 642,			

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Form No. 632 Revised: 01/2012

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.

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Signature of Authorized Person

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WAtten Print or Type Name of Authorized Person