



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. <b>799192</b>		2. Exact name of the limited liability company <b>CGT Properties, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>investment in commercial and residential real property</b>			
5. Principal office address <b>126 Butler Road, Apt. 2</b>		City <b>Quincy</b>	State <b>MA</b>	Zip <b>02169</b>	
Contact Name <b>George Pepdjonovic</b>		Contact Title <b>Member/Manager</b>			
Street Address <b>126 Butler Road, Apt. 2</b>		City <b>Quincy</b>	State <b>MA</b>	Zip <b>02169</b>	
Manager Name <b>George Pepdjoavoc</b>		Manager Name <b>Tom Pepdjonovic</b>			
Street Address <b>126 Butler Road, Apt. 2</b>		Street Address <b>1366 Washington Street</b>			
City <b>Quincy</b>	State <b>MA</b>	Zip <b>02169</b>	City <b>Braintree</b>	State <b>MA</b>	Zip <b>02184</b>
Manager Name <b>Christopher Klitscher, Jr.</b>		Manager Name			
Street Address <b>103 Bloomfield Avenue, Apt.1</b>		Street Address			
City <b>Nutley</b>	State <b>NJ</b>	Zip <b>07110</b>	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

**FILED**

MAY 01 2015

BY CK 248123

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 SECRETARY OF STATE  
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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.

George Pepdjonovic 4/28/15  
 Signature of Authorized Person Date  
 Print or Type Name of Authorized Person