

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 2015

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 | | | | | |
|--|-----------------------|---|---------------------------------|--------------------|---------------------|--|--|
| 911777 | CDG Me | adowbrook, LLC | | | | | |
| 3. State of Formation | 4. Brief des | Brief description of the character of business conducted in Rhode Island | | | | | |
| Rhode Island | | Acquire entity and/or various real property interests, conduct all activities related, necessary or incidental thereto. | | | | | |
| 5. Principal office address 5 Cathedral Square | | | City Providence | State RI | Zip 02903 | | |
| 6. MAILING ADDRESS O | F LIMITED LIABILI | TY COMPANY AND NA | AME OR TITLE OF CONTACT P | ERSON: | | | |
| Contact Name Robert R. Gaudreau, Jr. | | | Contact Title | | | | |
| Street Address 5 Cathedral Square | | | City Providence | State RI | Zip 02903 | | |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACI | | PRESSES) OF THE LI | MITED LIABILITY COMPANY, IF | APPLICABLE - DO | NOT LIST MEMBERS | | |
| Manager Name Cathedral Development Group, Inc. | | | Manager Name | | | | |
| Street Address 5 Cathedral Square | | | Street Address | | | | |
| City Providence | State RI | Zip 02903 | City | State | Zip | | |
| Manager Name | | | Manager Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | State | Zip | | |
| 8. RESIDENT AGENT IN F | RHODE ISLAND | | 1 | I | | | |
| This information is curre | ntly of record in the | Office of the Secret | ary of State. Changes require f | iling Form 642. | | | |

FILED

SEP 3 0 2015

BY 357413

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| File Date | _ |
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| Check No | _ |
| Ву: | _ |
| FOR SECRETARY OF STATE USE OF | NLY |

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. | 15 |
| Signature of Authorized Person Date | |
| Robert R. Gaudreau, Jr. President of | |
| Print or Type Name of Authorized Person Colhedral Development Group, Inc. | |