

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					
534235	CSAII G	P, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Acquire	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 LIABILIT	TY COMPANY AND NA	AME OR TITLE OF CONTACT P	ERSON:			
Contact Name Robert R. Gaudrea	ame R. Gaudreau, Jr. ress	Contact Title					
Street Address 5 Cathedral Square			City Providence	State RI	Zip 02903		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACK	(NAMES AND ADD	RESSES) 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		
B. RESIDENT AGENT IN F	RHODE ISLAND						
		Office of the Secret	ary of State. Changes require f	iling Form 642			
	, 5	or and decired	ary or orace, originges require t	ning FUIIII 042,			

FILED OCT 0 1 2015 ~ 257517 VM

Check No ______

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012

Under penalty of perjury, I declare and affirm that I have	e ex	amine	d
this report, including any accompanying schedules and	sta	atemer	nts,
and that all statements contained herein are true and co	orre	ct.	
	a	30	15
Signature of Authorized Person	D	ate	
Robert R. Gaudreau, Jr. 10511001 of			
Print or Type Name of Authorized Person			

CONTraction Development Group Inc.