

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

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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 Cranston PPG, LLC					
151867	Cialisto	ii FFO, LLO				
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Acquire real property and/or entity interests, conduct all activities related, necessary or incidental thereto.					
5. Principal office address 5 Cathedral Square			City Providence	State RI	Zip 02903	
	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT P	ERSON:		
Contact Name Robert R. Gaudreau, Sr.			Contact Title			
Street Address 5 Cathedral Square			City Providence	State Ri	Zip 02903	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND	l		I		
This information is curren	tly of record in the	e Office of the Sec	retary of State. Changes require t	filing Form 642.		
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FILED OCT 01 2015 File Date

Check No FOR SECRETARY OF STATE USE ONLY 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.

Signature of Authorized Person

Robert R. Gaudreau, Sr.

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012