

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			
85934	Cran	dall Str	eet Associates	s, LLC		
3. State of Formation	4. Brief descrip	otion of the character	of business conducted in Rhode I	sland		
R.I.	Rent	Rental Real Estate				
5. Principal office address	Ann De	ive	Bristol	State R. T.	02809	
6. MAILING ADDRESS OF LIM	ITED LIABILITY	COMPANY AND NA	ME OR TITLE OF CONTACT PE	RSON:		
Contact Name			Contact Title			
Manuel Sa'			Member	I City I State I ZIP 1		
32 Patricia	Ann	Drive	Bristol	R・エ.	02809	
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADDR		IITED LIABILITY COMPANY, IF A	APPLICABLE - DO NO		
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 RHO	DE ISLAND					
This information is currently	of record in the	Office of the Secreta	ary of State. Changes require fil	ing Form 642.		
		FILED OCT 1 9 2015				
	BY	1350	Linder penalty of period	inv. I declare and affiri	m that I have examined	
File Date	<u>.</u>		this report, including and that all statements	any accompanying so	hedules and statements,	
Check No			(hrans	W Dai	10/14/1	
Ву:			Signature of Authorized		Date	
FOR SECRETARY OF STAT			Manuel Print or Type Name of A			
			Time of Type Haine OF			