State of Rhode Island and Providence Plantations Fee: \$50 Office of the Secretary of State			
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040		
Limited Liability Com Annual Report	pany		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2015</u>		
1. ID No. <u>000388149</u>			
2. Exact Name of the Limited Liability Company Crown Properties-Cardinal Hill, LLC			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of th Real Estate Holding	e Character of the Business Which	is Actually Conducted	in Rhode Island
5. Principal Office Addre	SS		
	AKDALE AVENUE NSTON State	e: <u>RI</u> Zip: <u>02919</u>	Country: <u>USA</u>
6. Mailing Address of Li	nited Liability Company and Name	or Title of Contact Pers	son:
	^{Title:} <u>AKDALE AVENUE</u> <u>NSTON</u> State	:: <u>RI</u> Zip: <u>02919</u> (Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Addres Address, City or Town, Stat	-
MANAGER	CAROLINE CALCAGNI	34 OAKDAL JOHNSTON, RI 0	E AVENUE
	RHODE ISLAND - DO NOT ALTER		
	g of Form 642 - R.I.G.L. 7-16-11		
CAROLINE CALCAGNI	34 OAKDALE AVENUE JOHNSTO	<u>N, RI 02919</u>	
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

Signed this 26 Day of October, 2015 at 4:48:55 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>CAROLINE CALCAGNI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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