

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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 na	ame of the limited liabil	ity company			
00158705	CMV Pr	CMV Properties, LLC				
3. State of Formation	4 Brief des	Corintian of the shares				
RI	Real Es	Brief description of the character of business conducted in Rhode Island Real Estate				
5. Principal office address 1080 Great Hill Road			City Lincoln	State RI	Zip 02865	
6. MAILING ADDRESS OF I	LIMITED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT			
Joanne Vincent			Contact Title Manager			
Street Address 1080 Great Hill Road			City Lincoln	State RI	Zip 02865	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	NAMES AND ADI	PRESSES) OF THE LI	MITED LIABILITY COMPANY	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Joanne Vincent			Manager Name Mathew Vincent			
Street Address 1080 Great Hill Road			Street Address 1080 Great Hill Road			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865	
Manager Name		·	Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
3. RESIDENT AGENT IN RHO	ODE ISLAND					
		Office of the Secret	ary of State. Changes require			
			FILED DEC 0 1 2015	thing FORM 042.		
·		BY	2446 0>			
File Date			this report, including	any accompanying s	m that I have examined phedules and statement	
Check No			and that all statemer	nts contained herein ar	e true and correct.	

Mathen

Print or Type Name of Authorized Person

Form: No. 522 Havised: 01/2012

FOR SECRETARY OF STATE USE ONLY

File Date Check No ___