



**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 **2013**

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.<br><b>000788885</b>                                                                                                                                      |       | 2. Exact name of the limited liability company<br><b>C&amp;B Real Estate, LLC</b>                                      |                    |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>To own and maintain real estate.</b> |                    |
| 5. Principal office address<br><b>732 Plainfield Street</b>                                                                                                               |       | City<br><b>Providence</b>                                                                                              | State<br><b>RI</b> |
|                                                                                                                                                                           |       | Zip<br><b>02909</b>                                                                                                    |                    |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>                                                                               |       |                                                                                                                        |                    |
| Contact Name<br><b>Charles Tsoumakas</b>                                                                                                                                  |       | Contact Title<br><b>Member</b>                                                                                         |                    |
| Street Address<br><b>732 Plainfield Street</b>                                                                                                                            |       | City<br><b>Providence</b>                                                                                              | State<br><b>RI</b> |
|                                                                                                                                                                           |       | Zip<br><b>02909</b>                                                                                                    |                    |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |                                                                                                                        |                    |
| Manager Name                                                                                                                                                              |       | Manager Name                                                                                                           |                    |
| Street Address                                                                                                                                                            |       | Street Address                                                                                                         |                    |
| City                                                                                                                                                                      | State | City                                                                                                                   | State              |
| Zip                                                                                                                                                                       |       | Zip                                                                                                                    |                    |
| Manager Name                                                                                                                                                              |       | Manager Name                                                                                                           |                    |
| Street Address                                                                                                                                                            |       | Street Address                                                                                                         |                    |
| City                                                                                                                                                                      | State | City                                                                                                                   | State              |
| Zip                                                                                                                                                                       |       | Zip                                                                                                                    |                    |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>                                                                                                                                  |       |                                                                                                                        |                    |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                         |       |                                                                                                                        |                    |

**FILED**

DEC 21 2015

By 263798  
A.A. 3:22 p.m.

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| File Date                              |  |
| Check No                               |  |
| By:                                    |  |
| <b>FOR SECRETARY OF STATE USE ONLY</b> |  |

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

12/14/15  
Date

ROBERT RESNICK  
Print or Type Name of Authorized Person