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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		
910829	**CHERRY WOOD REALTY, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	**PURCHASE, OWN, LEASE, DEVELOP, OPERATE, MANAGE AND SELL REAL PROPERTY**		
5. Principal office address	City	State	Zip
165 OLNEY ARNOLD ROAD	**CRANSTON**	**RI**	**02921**
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name	Contact Title		
BEN CHAN	**MEMBER**		
Street Address	City	State	Zip
165 OLNEY ARNOLD ROAD	**CRANSTON**	**RI**	**02921**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
N/A Ben Chan	
Street Address	Street Address
165 Olney Arnold Rd	
City / State / Zip	City / State / Zip
Cranston / RI / 02921	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY RV

FILED
MAR 25 2016
23733DS

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 — Date 11-475

BEN CHAN
Print or Type Name of Authorized Person