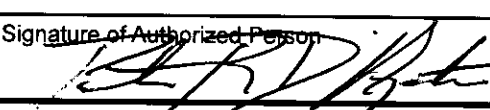




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 146201		2. Exact name of the Limited Liability Company CCRB ASSOCIATES, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island to deal in real estate			
5. Principal Office Address 37 Sanderson Road		City Smithfield	State RI	Zip 02917-0000	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Peter R. D'Agostino			Contact Title Member		
Street Address 37 Sanderson Road		City Smithfield	State RI	Zip 02917-0000	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A		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
Check the box to indicate an attachment <input type="checkbox"/>					
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Peter R. D'Agostino			Member	Date 09/01/2016	
Signature of Authorized Person 		SIGN DOCUMENT HERE member			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 SEP 14 2016
 By 7202
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