Sta... ...de Island and Providence Plantations
De........ent 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 **156493**	2. Exact name of the Limited Liability Company **C.E.M. PROPERTIES, LLC**			
3. NAICS Code 53 - Real Estate and Rental and	4. Brief description of the character of business conducted in Rhode Island **TO OPERATE, MANAGE, CONTROL, PURCHASE, SELL AND LEASE REAL ESTATE.**			
5. State of Formation **RHODE ISLAND**				

6. Principal Office Address **130 TOWER HILL ROAD**	City **NORTH KINGSTOWN**	State **RI**	Zip **02852**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **CARRIE E. MOSCA**	Contact Title **MANAGER**		
Street Address **130 TOWER HILL ROAD**	City **NORTH KINGSTOWN**	State **RI**	Zip **02852**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS

Manager Name **CARRIE E. MOSCA**			Manager Name		
Street Address **130 TOWER HILL ROAD**			Street Address		
City **NORTH KINGSTOWN**	State **RI**	Zip **02852**	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with 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 **CARRIE E. MOSCA, MANAGER**	Date 9/17/16
Signature of Authorized Person *Carrie E. Mosca*	SIGN DOCUMENT HERE

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 21 2016

BY 3204 DS

FORM 632 - Revised: 08/2016