

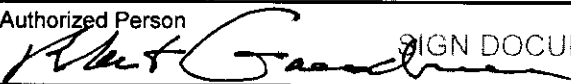


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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.

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|   |       |   |                        |                        |                                  |
|---|-------|---|------------------------|------------------------|----------------------------------|
| 1. Entity ID Number<br><b>151867</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Cranston PPG, LLC</b>  |                        |                        |                                  |
| 3. NAICS Code<br>55 - Management of Companies   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Acquire entity and/or various other interests, conduct all activities related, necessary or incidental thereto.</b> |                        |                        |                                  |
| 5. State of Formation<br><b>Rhode Island</b>  |       |   |                        |                        |                                  |
| 6. Principal Office Address<br><b>5 Cathedral Square</b>  |       | City<br><b>Providence</b>   |                        | State<br><b>RI</b>     | Zip<br><b>02903</b>              |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                        |                        |                                  |
| Contact Name <b>Robert R. Gaudreau, Sr.</b>   |       |   | Contact Title          |                        |                                  |
| Street Address <b>5 Cathedral Square</b>  |       |   | City <b>Providence</b> |                        | State <b>RI</b> Zip <b>02903</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                        |                        |                                  |
| Manager Name  |       |   | 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"/>  |       |   |                        |                        |                                  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |   |                        |                        |                                  |
| <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.</b> |       |   |                        |                        |                                  |
| Name of Authorized Person<br><b>Robert R. Gaudreau, Sr.</b>   |       |   |                        | Date<br><b>9/28/16</b> |                                  |
| Signature of Authorized Person<br>   |       |   |                        | SIGN DOCUMENT HERE     |                                  |

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

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By 284076