

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

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.

| | lo # : | | 374 | | |
|--|--|---------------------------------|---|---|--|
| 1. Entity ID No. | 2. Exact name of the limited liability company CJS Properties, LLC | | | | |
| 98339 | | p | | | |
| 3. State of Formation | 4. Brief desc | cription of the charac | ter of business conducted in Rhod | e Island | · · · · · · · · · · · · · · · · · · · |
| Rhode Island | Ownersh | nip and operation | on of real estate | | |
| 5. Principal office address 1536 Westminster Street | | | City Providence | State RI | Zip 02909 |
| | LIMITED LIABIL | TY COMPANY AND | NAME OR TITLE OF CONTACT P | ERSON: | |
| Contact Name Mary C. Zurowski | | | Contact Title Member | | |
| Street Address 1536 Westminster Street | | | City Providence | State RI | Zip 02909 |
| 7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | | PRESSES) OF THE | LIMITED LIABILITY COMPANY, II | APPLICABLE - DO | NOT LIST MEMBERS |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | . 1 |] | Manager Name | | |
| Street Address | | | Street Address | | |
| Dity | State | Zip | City | State | Zip |
| . RESIDENT AGENT IN R | HODE ISLAND | | | : : : | |
| his information is curren | ntly of record in the | e Office of the Secr | etary of State. Changes require t | filing Form 642. | <u> </u> |
| | | FILED OCT 12 2016 25 1090 | | | RECEIVED J. DEPT OF S BUS SYCS D |
| | BV | 15 1090 | · · | |) TATE 9: 32 |
| File Date | | | this report, including and that all statemen | any accompanying and the second and | |
| Ву: | | | Mary C 3 | | Date |
| | | | Mary C. Zurowsk | i, Member | |

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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