

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: \_ 2016

2016 OCT 24 PH 2: 24

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	2. Exact name of the Limited Liability Company  CD Beachy Grown LCC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
53	Punchase BLAL Estate And Benovate.			
5. State of Formation				
BI				
6. Principal Office Address		City	State	Zip (1.26.24
109 thunden that		CRANSTON	BI	02921
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Dan Ald CESCRCHI		Contact Title MANA Gen / PARINCA		
Street Address 109 thunder frail		City Charston	State	Zip 02921
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS				
Manager Name NowAld CrscntHi		Manager Name		
Street Address 109 thunder thail		Street Address		
City Cikmastun	State Zip 2931	City	State	Zip
Manager Name CARIUS ALMEIDA		Manager Name		
Street Address 67 CohASSIT /ANC		Street Address		
City CRANSTON	State Zip (2931	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 / Date ,				
Journed Cescaetti 10/12/16				
Signature of Authorized Person				
FILED V				
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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 OCT 2 4 2016