



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 <u>001526561</u>		2. Exact name of the Limited Liability Company <u>CROMWELL VENTURES MANAGER LLC</u>			
3. NAICS Code <u>53</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate Management.</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>236 5th Ave, STE 319</u>		City <u>New York</u>	State <u>NY</u>	Zip <u>10001</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>FEDERICO MANA 100</u>		Contact Title <u>MANAGER</u>			
Street Address <u>236 5th Ave, STE 319</u>		City <u>New York</u>	State <u>NY</u>	Zip <u>10001</u>	
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.					
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 <u>FEDERICO MANA 100</u>				Date <u>10/21/2016</u>	
Signature of Authorized Person <u>[Signature]</u>				SIGN DOCUMENT HERE	

FILED

OCT 24 2016

By W13
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MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov