| 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  |        |
|---|--------|
| 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  1. Entity ID Number  1. Exact name of the Limited Liability Company  C & S REALTY, LLC  2. Exact name of the Limited Liability Company  C & S REALTY, LLC  3. NAICS Code  53 - Real Estate and Rental and  FEAL ESTATE MANAGEMENT  |        |
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| 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 1. Entity ID Number 1. Exact name of the Limited Liability Company 109019  2. Exact name of the Limited Liability Company C & S REALTY, LLC  3. NAICS Code 53 - Real Estate and Rental and FEAL ESTATE MANAGEMENT  5. State of Formation  | to.    |
| <ul> <li>→ Filing period: September 1 - November 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by December 1.</li> <li>1. Entity ID Number</li> <li>1. Entity ID Number</li> <li>1. Exact name of the Limited Liability Company</li> <li>1. Carrier of the Limited Liability Company</li> <li>1. Exact name of the Limited Liability Company</li> <li>2. Exact name of the Limited Liability Company</li> <li>3. NAICS Code</li> <li>4. Brief description of the character of business conducted in Rhode Island</li> <li>5. State of Formation</li> </ul> |        |
| → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by December 1.  1. Entity ID Number 109019  2. Exact name of the Limited Liability Company C & S REALTY, LLC  3. NAICS Code 53 - Real Estate and Rental and FEAL ESTATE MANAGEMENT  5. State of Formation   |        |
| The Penalty: Additional \$25.00 fee if form is not filed by December 1.  1. Entity ID Number 109019  2. Exact name of the Limited Liability Company C & S REALTY, LLC  3. NAICS Code 53 - Real Estate and Rental and FEAL ESTATE MANAGEMENT  5. State of Formation  | 100    |
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| 109019 C & S REALTY, LLC  3. NAICS Code 53 - Real Estate and Rental and 5. State of Formation  C & S REALTY, LLC  4. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT  | 4      |
| 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island FRAL ESTATE MANAGEMENT  5. State of Formation   |        |
| 53 - Real Estate and Rental and 5. State of Formation  REAL ESTATE MANAGEMENT   |        |
| 5. State of Formation   |        |
|   |        |
|   |        |
| TATIONE TO PAIN   |        |
|   |        |
| 6. Principal Office Address City State Zip  |        |
| 300 CHALKSTONE AVENUE PROVIDENCE RI 02908   |        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |        |
|   |        |
| Contact Name D. JOSEPH D'AMICO  Contact Title ATTORNEY  |        |
| Street Address 728 VALLEY STREET  City PROVIDENCE  State RI  Zip 02908  |        |
| 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   |        |
| Street Address Street Address   |        |
| City State Zip City State Zip   |        |
|   |        |
| Check the box to indicate an attachmen  | ũ      |
| 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  | _      |
| CARLOS REGO 10-15-16  |        |
| Signature of Authorized Person  |        |
| 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