

State of Rhode Island and Providence Plantations Office of the Secretary of State

No Fee

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Domestic Limited Liability Company Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

- 1. **ID No.** 000530943
- 2. Exact Name of the Limited Liability Company CMPR PROPERTIES, LLC
- 3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

44-45

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

GENERAL BUSINESS SERVICES

5. Principal Office Address

No. and Street:

23 SIDNEY STREET

City or Town:

SMITHFIELD

State: RI

Zip: 02917

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street:

23 SIDNEY STREET

City or Town:

SMITHFIELD

State: RI

Zip: 02917

Country: <u>USA</u>

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RAYMOND CZEKANSKI 23 SIDNEY STREET SMITHFIELD, RI 02917

Signed this 14 Day of November, 2016 at 3:25:47 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By RAYMOND CZEKANSKI

Signature of Authorized Person

Form No. 632 Revised 09/07

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