



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

Fee: \$50.00

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

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. ID No.** 000505513

**2. Exact Name of the Limited Liability Company** CSEF, 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  53

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

REAL ESTATE MANAGEMENT AND OWNERSHIP

**5. Principal Office Address**

No. and Street: 846-848 NEWPORT AVENUE  
City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

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

Contact Name: CLIFF FRYE Contact Title: CLIFF FRYE  
No. and Street: 846-848 NEWPORT AVENUE  
City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	SCOTT A. FRYE	824 NEWPORT AVENUE PAWTUCKET, RI 02861 USA
MANAGER	CLIFF FRYE	824 NEWPORT AVENUE

MANAGER

ERIC M. FRYE

PAWTUCKET, RI 02861 USA

824 NEWPORT AVENUE  
PAWTUCKET, RI 02861 USA

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

CLIFF A. FRYE 100 EXCHANGE STREET PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 14 Day of January, 2017 at 3:05:35 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 CLIFF FRYE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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