



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 65628		2. Exact name of the Corporation Cedar Grove Holdings, Inc.			
3. Principal Office Address One Cedar Grove Court			City Johnston	State RI	Zip 02919
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island purchase, sell and distribute traffic systems			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Susan McNamara			Vice-President Name Susan McNamara		
Street Address One Cedar Grove Court			Street Address One Cedar Grove Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Susan McNamara			Treasurer Name Susan McNamara		
Street Address One Cedar Grove Court			Street Address One Cedar Grove Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Susan McNamara			Director Name Susan McNamara		
Street Address One Cedar Grove Court			Street Address One Cedar Grove Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1001	common	none
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Susan McNamara, President					Date 2-27-2017
Signature of Authorized Representative <i>Susan C. McNamara</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2016