

R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR 21 AM 11: 26

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Annual Report for the year: 2017 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	2. Exact name of the Limited Liability Company					
162830	5 C's, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental an	Real Estate					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
57 Kilvert Street			Warwick	RI	02886	
7. Mailing Address of Limited Lia	bility Company	and Name or Title		<u> </u>		
Contact Name Dana Carter			Contact Title Member			
Street Address 57 Kilvert Street			City Warwick	State RI	Zip	
8. List ALL managers (names as	nd addresses) o	f the Limited Liabi	ility Company, IF APPLIC	ABLE - DO NOT LIST M	EMBERS	
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 it	ndicate an attachment	
9, Resident Agent in Rhode Isla	nd. This informati	on is currently of re	cord with the Department of	State. Changes require filin	g Form 642.	
Under penalty of perjury, I dec statements, and that all states				ding any accompanying	g schedules and	
Name of Authorized Person				Date / /		
	COTT C	ARTEK 1	•	3/21/17		
Signature of Authorized Person						
Signature of Authorized Person Signature of Authorized Person Signature of Authorized Person						
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			f .	1:31 Am		

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**

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BY 298735

(CW) FORM 632 - Revised: 02/2017