



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. 001102312

2. Exact Name of the Limited Liability Company CF WAREHOUSES, 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 442110

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

FURNITURE AND HOME ACCESSORY SALES

5. Principal Office Address

No. and Street: 618 MAIN STREET, UNIT 3-201

City or Town: COVENTRY

State: RI Zip: 02816 Country: USA

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

Contact Name: JEFFREY P. MASTROBUONO Contact Title: PRESIDENT

No. and Street: 618 MAIN STREET, UNIT 3-201

City or Town: COVENTRY

State: RI Zip: 02816 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
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JEFFREY MASTROBUONO 618 MAIN STREET, 3-201 COVENTRY , RI 02816

Signed this 23 Day of March, 2017 at 3:50:24 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 SHERRY FERDINANDI CPA
Signature of Authorized Person

Form No. 632
Revised 09/07

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