



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|--------------------|---|--------------------|---------------------|-----|
| 1. Entity ID No. 000161880 | | 2. Exact name of the limited liability company COLVEST/CRANSTON, LLC | | | |
| 3. State of Formation MA | | 4. Brief description of the character of business conducted in Rhode Island COMMERCIAL RENTAL REAL ESTATE | | | |
| 5. Principal office address 1259 E COLUMBUS AVE STE 201 | | City SPRINGFIELD | State MA | Zip 01105 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON | | | | | |
| Contact Name Maggie Montero | | Contact Title ACCOUNTANT | | | |
| Street Address 1259 E COLUMBUS AVE STE 201 | | City SPRINGFIELD | State MA | Zip 01105 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name FRANK COLACCINO | | Manager Name | | | |
| Street Address 1259 E COLUMBUS AVE STE 201 | | Street Address | | | |
| City SPRINGFIELD | State MA | Zip 01105 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

FILED *DZ*
 APR 26 2017
 40269

BY _____

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 4/20/17
 Signature of Authorized Person Date

FRANK COLACCINO

Print or Type Name of Authorized Person