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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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PICE ONLY

Annual Report for the year: 2017 Limited Liability Company

2017

→ 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 1336958 | 2. Exact name of the Limited Liability Company Cedar Street, LLC | | | | |
|---|--|---------------------------------------|---|-----------------------|---------------------------------|
| 3 NAICS Code 53110 | Brief description of the character of business conducted in Rhode Island Real Estate | | | | |
| 5. State of Formation | 1 | | | | |
| Rhode Island | | | | | |
| 6. Principal Office Address | | | City | State | Zip |
| 1988 Louisquisset Pike | | | Lincoln | RI | 02865 |
| 7. Mailing Address of Limited Lia | bility Company | and Name or Title | | | 1 |
| Contact Name Michael F. Elliott | | | Contact Title Manager | | |
| Street Address 1988 Louisquisset Pike | | | City Lincoln | State RI | Zip 02865 |
| 8. List ALL managers (names a | | f the Limited Liab | ility Company, IF APPLIC | ABLE - DO NOT LIST M | EMBERS |
| Manager Name Michael F. Elliott | | | Manager Name John Trojan, Jr. | | |
| Street Address 1988 Louisquisset Pike | | | Street Address 1988 Louisquisset Pike | | |
| City Lincoln | State RI | Zip 02865 | City Lincoln | State RI | ^{Z₁p} 02865 |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| Under penalty of perjury, I dec statements, and that all staten | lare and affirm nents contained | that I have exan I herदीक are true | nined this report, include and correct. | ling any accompanying | schedules and |
| Name of Authorized Person Date Q. 20 - 17 | | | | | |
| Michael F. Elliott | | | | | |
| Signature of Authorized Person SIGN DOCUMENT HERE | | | | | |
| | | | | | |

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 SEP 2 2 2017

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