RI SOS Filing Number: 201750484430 Date: 9/26/2017 4:00:00 PM

State of Rhode Island and Providence Plantations Department of State - Business Services Division	R.I. DEI BUS 2017 SEP
Annual Report for the year: 2017	26
Limited Liability Company	m in its second and i
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	DIV
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.	 9

4 Farm ID November	0.5	4.4 4	1 10 0			
Entity ID Number	2. Exact name of the Limited Liability Company					
1066910	CSAI Investor, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
55 - Management of Compani	Acquire entity and/or various other interests, conduct all activates related, necessary or					
5. State of Formation	incidental thereto.					
Rhode Island	# 53/31/					
6. Principal Office Address			City	State	Zip	
5 Cathedral Square			Providence	RI	02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Robert R. Gaudreau, Jr.			Contact Title			
Street Address 5 Cathedral Square			City Providence	State RI	Zip 02903	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Cathedral Development Group, Inc.			Manager Name			
Street Address 5 Cathedral Square		Street Address				
City Providence	State RI	^{Zip} 02903	City	State	Zip	
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 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 Person Date						
Robert R. Gaudreau, Jr., President of Coethedral Development Goup, Truc. 9 26/17						
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 26 2017

FORM 632 - Revised: 02/2017