	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.0
	Division Of Business 148 W. River St Providence RI 0290	reet 4-2615	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR	<u>2017</u>		
1. ID No. <u>00009282</u>	8		
2. Exact Name of the Li	mited Liability Company <u>C.B. EQ</u>	UIPMENT, L.L.C.	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	ARTICLE III Code that best describes the primary e information on <u>NAICS</u> can be found		by the entity. Download
the list of codes <u>here.</u> Mor <u>532490</u>	Code that best describes the primary re information on <u>NAICS</u> can be found	online.	
the list of codes <u>here.</u> Mor <u>532490</u>	Code that best describes the primary	online.	
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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

JEAN FALLAGO 132B PLEASANT VIEW AVENUE SMITHFIELD, RI 02917

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 28 Day of September, 2017 at 12:35:53 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 <u>PETER CALCAGNI</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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