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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Limited Liability Company

- → 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		2. Exact name of the Limited Liability Company					
524474	CK2 I	CRS Maintenance, LLC					
3. NAICS Code		Brief description of the character of business conducted in Rhode Island					
• •		maintenance of real estate					
5. State of Formation	5311	11)					
RI					<u>.</u>		
6. Principal Office Address			City	State	Zip		
786 Oaklawn Ave			Cranston	RI	02920		
7. Mailing Address of Limite	d Liability Compa	ny and Name o					
Contact Name Raymond Snider		Contact Title Owner	Contact Title Owner				
Street Address 786 Oaklawn Ave			City Cranston	State RI	^{Zip} 02920		
8. List ALL managers (name	es and addresses	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of St	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, statements, and that all st			examined this report, including true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person			Date	Date			
Raymond Snider			10-13-	10-13-17			
Signature of Authorized Per	Sud	SIGI	N 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



FORM 632 - Revised: 08/2017