A		247				
Annual Report for the	year:	3017				
Limited Liability Comp	-	4				
→ Filing period: September → Filing Fee: \$50.00	er a - Novemb	per 1				
→ Penalty: Additional \$25.0	00 fee if form i	s not filed by Decer	mber 1.	_		
, , onen,						
Entity ID Number 2. Exact name of the Limited Liability Company						
1335421 C+m Properties LLC						
3. NAICS Code						
531311 - 1311						
5. State of Formation Real Estate						
0111						
6. Principal Office Address			City	State	Zip	
			Cumberland	70 T	1 11	
7. Mailing Address of Limited Liability Company and Name or Titl				1/4T	02869	
	lability Compa	iny and Name or Title	<u> </u>			
Contact Name Juse C Costa			Contact Title Mensen			
Street Address 7 Hive Rd			City Cum Benford	State	Zip 02864	
8. List ALL managers (names	and addresses	s) of the Limited Liab	ility Company, IF APPLICABLE -	DO NOT LIST N	IEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>	· · · · · · · · · · · · · · · · ·	Ch	eck the box to in	idicate 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 de statements, and that all state			mined this report, including any e and correct.	accompanying	schedules and	
Name of Authorized Person OSE C. Costa				Date 10-17-19		
Constitute of Authorized Boxes					- ///	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OCT 2 3 2017