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→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2017 Limited Liability Company	S T
→ Filing period: September 1 - November 1	

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
793271	Cecil, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 1340	Real Estate					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
122 Touro Street	Touro Street			RI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Turner C. Scott			Contact Title Registered Agent			
Street Address 122 Touro Street			City Newport	State RI	^{Zıp} 02840	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name CU MALIOSON			Manager Name			
Street Address Contes AUC			Street Address			
a adjetan	STI	2°2843	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	Date	
Tracy W. Mattinson 16-16-17					2 - 1 T	
Signature of Authorized Person SIGN LOCUMENT 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**

OCT 2 5 2017

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