State of Rhode Island and Providence Plantations Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(b8(d), each limited liability company failing or refusing to file its annual report with nitry (20) days after the time prescribed by law (R.I.G.L. 7- 16-66(b8(c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000322953 2. Exact Name of the Limited Liability Company CD HOME VISION LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 541330 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island RESIDENTIAL FLOOR PLAN DRAFTING 5. Principal Office Address No. and Street: 44 FREEHOLD AVE CIty or Town: CRANSTON State: RI zip: 02920 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTOPHER DUCHARME Contact Title: No. and Street:
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Ring Period: September 1 - November 1 In accordance with R.I.G. L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&d) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000322953 CEXACT Name of the Limited Liability Company <u>CD HOME VISION LLC</u> ARTICLE III State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. <u>541330</u> ARTICLE III ARTICLE Address No. and Street: <u>44 FREEHOLD AVE</u> State: RI zip: 02920 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: CHRISTOPHER DUCHARME Contact Title:
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Contact Name: CHRISTOPHER DUCHARME Contact Title:
City or Town: CRANSTON State: RI Zip: 02921 Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS
Title Individual Name Address First Middle Lest Suffix Address City of Town State Zin Code Country
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ANTHONY R. LEONE, II, ESQ. <u>1345 JEFFERSON BOULEVARD</u> <u>WARWICK</u>, <u>RI</u> <u>02886</u>

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

Signed this 31 Day of October, 2017 at 2:17:45 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>ANTHONY R. LEONE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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