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Annual Report for the year: 2018
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.

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Entity ID Number 2. Exect name of the Limited Liability Company										
121850	COELHO MANAGEMENT COMPANY, LLC									
3. NAICS Code 1. 5. State of Formation Rhode Island	to manage and be the general partner of The CMC Family									
6. Principal Office Address				·		State	Zip			
1208 Hopeworth Avenue				Bristol						
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person										
Contact Name Charles Coelho				Contact Title Manager						
Street Address 1208 Hopeworth Avenue				Bristol		State RI	Zlp 02809-0000			
8. List ALL managers (names an	d addresses) of	the Limited Liabil	Ity Com	pany, IF APPLICA	BLE - DC	NOT LIST ME	MBERS			
Manager Name Charles Coelho				Manager Name Jonathan C. Coelho						
Street Address 120 Hopeworth Avenue				Street Address 118 Hopeworth Avenue						
City Bristol	State RI	Zip 02809	City	Bristol		State RI	Zip 02809			
Manager Name				Manager Name						
Street Address ,				Street Address						
City	State	Zip .	City	· ·		State	Zīp			
					Chec	k the box to indi	ate 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						
Charles Coelho				Manager		09/04/2018				
Signature of Authorized Person SIGN 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 FILED

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