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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR $\partial \circ i \vec{\gamma}$

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1, Emity ID No.	2. Exact name of the limited liability company C & P PROPERTIES LLC						
543173	Carr	COPER NES CE	•				
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
R.I.	INVESTMENT PROPERTIES (531110)						
5. Principal office address 285 NORTH ROAD			PASCOAG	State R.I.	Zrp 02859		
6. MAILING ADDRESS OF L	IMITED LIABILI	Y COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:			
Contact Name JERRY PRETE			Corriact Title PARTNERSHIP	Corriact Title PARTNERSHIP OWNER			
Street Address 285 NORTH RD			City PASCOAG	State R.I.	Zip 02859		
7. LIST ALL MANAGERS (N ("X" BOX FOR ATTACHM	IAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	/, IF APPLICABLE - <u>Do</u>	NOT LIST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zφ	City	State	Zp		
Aanager Name			Manager Name	Manager Name			
Sueet Address			Street Address	Street Address			
City	State	Zp	City	State	Zφ		
8. RESIDENT AGENT IN RH	ODE ISLAND		1	 -	I		
• • • • • • • • • • • • • • • • • • • •		. Office of the Cour	etery of State. Changes requi	Ci 5 640			

FILED

AUG 3 0 2018

File Date	Under penalty of perjury, I deplare and affirm that I have examine this report, including any accompanying schedules and statement and that all customers contained herein are true and correct.		
Check No	and that an parternant contained never are true and of	b3 //i	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012