	State of Rhode Island and Pro Office of the Secreta		DNS Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 029	Street 04-2615	
HOPE	(401) 222-30	40	
Limited Liability Com Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2018		
1. ID No. <u>001659594</u>			
2. Exact Name of the Limited Liability Company <u>CPW Realty, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
•	Code that best describes the primary re information on <u>NAICS</u> can be found		y the entity. Download
		h is Astually Conduct	ad in Phada Island
4. Bhei Description of th	e Character of the Business Whicl	T is Actually Conduct	
LESSOR OF NONRES	IDENTIAL PROPERTY.		
5. Principal Office Addre	SS		
	264 LOVE LN WARWICK State: <u>RI</u>	Zip: <u>02886</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>DR. JULIE LUCIER</u> Contact Title: <u>CO-OWNER</u> No. and Street: <u>264 LOVE LN</u>			
	ARWICK State: <u>RI</u>	Zip: <u>02886</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name		dress
	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

SUSAN LEACH DEBLASIO, ESQ. ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR PROVIDENCE , RI 02903

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

Signed this 17 Day of September, 2018 at 9:10:33 AM 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 DR. JULIE LUCIER

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved