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FOR SECRETARY OF STATE USE ONLY

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.

| 1. Entity ID Number 137709 | 2. Exact name of the Limited Liability Company CRANBERRY APARTMENTS, LLC | | | | | |
|--|--|-------|----------------|----------|-----------|--|
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 531110 | To own and operate residential rental apartments | | | | | |
| 5. State of Formation | | | | | | |
| RI | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 558 SMITHFIELD ROAD | | | PAWTUCKET | RI | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | |
| Contact Name JOHN K. COOPER | | | Contact Title | | | |
| Street Address 558 SMITHFIELD ROAD | | | City PAWTUCKET | State RI | Zip 028 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | | |
| Manager Name NONE | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip · | 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 | |
| JOHN K. COOPER | | | | 9-18- | 9-18-2018 | |
| 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

SEP 28 2018

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FORM 632 - Revised: 10/2017