	State of Rhode Island and Prov Office of the Secretar		IS Fee: \$50.00
	Division Of Business 148 W. River Str Providence RI 02904 (401) 222, 204	reet 4-2615	
HOPE	(401) 222-304	0	
Limited Liability Con Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability compa in thirty (30) days after the time prescri penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2018</u>		
1. ID No. <u>00015011</u>	4		
2. Exact Name of the L	imited Liability Company <u>CEDAR (</u>	COVE, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
0	ARTICLE III Code that best describes the primary b re information on <u>NAICS</u> can be found o	•	the entity. Download
the list of codes <u>here.</u> Mon <u>531390</u>	Code that best describes the primary b	online.	
the list of codes <u>here.</u> Mon <u>531390</u> 4. Brief Description of th	Code that best describes the primary b re information on <u>NAICS</u> can be found c	is Actually Conducted	-
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARTHA DAY 71 MAIN STREET WAKEFIELD , RI 02879

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

Signed this 5 Day of October, 2018 at 2:42:32 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 MARTHA DAY

Signature of Authorized Person

Form No. 632 Revised 09/07

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