



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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<br>96100                                                                                                                                                                         |            | 2. Exact name of the Limited Liability Company<br>CaEm Realty, LLC                                                                                                          |                       |                   |              |
| 3. NAICS Code <u>531390</u><br>53 - Real Estate and Rental and                                                                                                                                       |            | 4. Brief description of the character of business conducted in Rhode Island<br>To acquire, own, hold, improve, manage and operate real estate and any other lawful purpose. |                       |                   |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |            |                                                                                                                                                                             |                       |                   |              |
| 6. Principal Office Address<br>103 Cottage Street                                                                                                                                                    |            | City<br>Pawtucket                                                                                                                                                           |                       | State<br>R.I.     | Zip<br>02860 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |            |                                                                                                                                                                             |                       |                   |              |
| Contact Name John F. Kerwin                                                                                                                                                                          |            |                                                                                                                                                                             | Contact Title Manager |                   |              |
| Street Address 634 Main Street                                                                                                                                                                       |            | City Warren                                                                                                                                                                 |                       | State R.I.        | Zip 02885    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |            |                                                                                                                                                                             |                       |                   |              |
| Manager Name John F. Kerwin                                                                                                                                                                          |            |                                                                                                                                                                             | Manager Name          |                   |              |
| Street Address 634 Main Street                                                                                                                                                                       |            |                                                                                                                                                                             | Street Address        |                   |              |
| City Warren                                                                                                                                                                                          | State R.I. | Zip 02885                                                                                                                                                                   | City                  | State             | Zip          |
| Manager Name                                                                                                                                                                                         |            |                                                                                                                                                                             | Manager Name          |                   |              |
| Street Address                                                                                                                                                                                       |            |                                                                                                                                                                             | Street Address        |                   |              |
| City                                                                                                                                                                                                 | State      | Zip                                                                                                                                                                         | City                  | State             | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |            |                                                                                                                                                                             |                       |                   |              |
| 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<br>JOHN F. KERWIN                                                                                                                                                          |            |                                                                                                                                                                             |                       | Date<br>10/8/2018 |              |
| Signature of Authorized Person<br>                                                                                                                                                                   |            |                                                                                                                                                                             |                       |                   |              |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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FORM 632 - Revised: 08/2016