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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 2018

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. Entity ID No. 001672042	2. Exact nar CFSC Ma	ne of the limited liab aintenance, LLC	ility company			
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island General interior construction, renovations and capital improvements to a health care					
NY	facility.		(23	36/18)		
5. Principal office address 63-15 Traffic Avenue			City Ridgewood	State NY	Zip 11385	
	ITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON:		
Contact Name Meredith Ullman			Contact Title Administrative As	Administrative Assistant		
Street Address 4770 White Plains Road, 2nd Floor			City Bronx	State NY	Zip 10470	
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHMEN		RESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	m.		
City	State	Zip	City	State	NECE STATE	
B. RESIDENT AGENT IN RHOL	DE ISLAND				- o - c - c	
This Information is currently	of record in the	e Office of the Secr	etary of State. Changes require	filing Form 642.	3 000	
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File Date		q;i	this report, including	any accompanying	firm that I have examined schedules and statemen	
Check No		•	and that all statemen	to contained herein	are true and correct.	
Ву:			Signature of Authorize	d Person	Date	
FOR SECRETARY OF STATE	E USE ONLY		Isaac Laniado	<u> </u>		
			Print or Type Name of	Authorized Person		

Revised: 01/2012