

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

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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, LL	ility company C			
3. State of Formation NY	4. Brief desc General facility.	4. Brief description of the character of business conducted in Rhode Island General interior construction, renovations and capital improvements to a health care facility.				
5. Principal office address 63-15 Traffic Avenue			City Ridgewood	State NY	Zip 11385	
6. MAILING ADDRESS OF Contact Name Meredith Ullman	LIMITED LIABILIT	Y COMPANY AND	Contact Title Administrative A			
Street Address 4770 White Plains Road, 2nd Floor			City Bronx	State NY	Zip 10470	
7. LIST <u>A</u> LL MANAGERS (("X" BOX FOR ATTACHI		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	I		Manager Name		~ ~	
Street Address			Street Address	٠٠٠٠ ١٠٠١		
City	State	Zip	City	State	NE SECTION	
8. RESIDENT AGENT IN RI			·		0) <u> </u>	
This Information is curren	tly of record in the	Office of the Sec	retary of State. Changes require	e filing Form 642.	3 000	
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Y'	Under penalty of perjury, I declare and affirm that I have examined		
File Date	this report, including any accompanying schedules and statements and that all statements contained herein are true and correct.		
Check No	11/12/2018		
Ву:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Isaac Laniado		
FUR SECRETARY OF STATE USE UNLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012