



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 MAR -7 AM 10:25

Annual Report for the year: 2016

**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><b>1658370</b>   |       | 2. Exact name of the Limited Liability Company<br><b>COASTAL PROPERTIES GROUP LLC</b>                                   |                         |                       |                     |
| 3. NAICS Code<br><b>531110</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>RESIDENTIAL REAL ESTATE BROKERAGE</b> |                         |                       |                     |
| 5. State of Formation<br><b>RI</b>  |       |   |                         |                       |                     |
| 6. Principal Office Address<br><b>7 MAIN STREET D</b>   |       |   | City<br><b>WICKFORD</b> | State<br><b>RI</b>    | Zip<br><b>02852</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                         |                       |                     |
| Contact Name<br><b>NED MORTON</b>   |       |   | Contact Title           |                       |                     |
| Street Address<br><b>155 HEDGEROW DRIVE</b>   |       |   | City<br><b>WARWICK</b>  | State<br><b>RI</b>    | Zip<br><b>02886</b> |
| 8. List ALL managers (names and addresses) 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  |       |   | 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.   |       |   |                         |                       |                     |
| <b>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.</b> |       |   |                         |                       |                     |
| Name of Authorized Person<br><b>NED MORTON</b>  |       |   |                         | Date<br><b>3/6/19</b> |                     |
| Signature of Authorized Person<br><i>Ned Morton</i>   |       |   |                         |                       |                     |

**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** ✓

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