

JECRETARY OF ATE

2019 MAY 28 PH 12: 41

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 147749	2 Exact name of the Limited Liability Company C&B Marlborough Associates, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531120	Real Estate				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zıp
10 Greene Street			Providence	RI	02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Richard P. Baccari			Contact Title Manager		
Street Address 10 Greene Street			City Providence	State RI	^{Zip} 02903
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Richard P. Baccari			Manager Name		
Street Address 10 Greene Street			Street Address		
City Providence	State RI	^{Zip} 02903	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attach					ndicate an attachment
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 Rivers Pattern Date 5.20-19					
Signature of Authorized Person Lengu Document Here					
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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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FORM 632 - Revised: 10/2017