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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 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.

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SEP 0 5 2019	N	<i>4</i>	

4739

Entity ID Number	2. Exact na	me of the Limited	Liability Company				
156493		C.E.M. PROPERTIES, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
531390	TO OPERATE, MANAGE, CONTROL, PURCHASE, SELL AND LEASE REAL ESTATE.						
5. State of Formation	1						
RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
130 TOWER HILL ROAD		NORTH KINGSTOWN	RI	02852			
7. Mailing Address of Limited Li		ny and Name or Ti					
Contact Name CARRIE E. MOSCA		Contact Title MANAGER					
Street Address 130 TOWER HILL ROAD		City NORTH KINGSTOWN	State RI	^{Zip} 02852			
8. List ALL managers (names a	ind addresses	of the Limited Lia	bility Company, IF APPLICABLE -	DO NOT LIST I	MEMBERS		
Manager Name CARRIE E. MOSCA			Manager Name				
Street Address 130 TOWER HILL ROAD		Street Address					
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip		
Manager Name			Manager Name				
Street Address		Street Address					
City	State	Zip	City	State	Zıp		
			Ch	eck the box to it	ndicate an attachment		
9. Resident Agent in Rhode Isla	nd. This informa	ition is currently of re	ecord with the Department of State. Ch	anges require filin	g Form 642.		
Under penalty of perjury, I dec statements, and that all states	lare and affir	m that I have exa	mined this report, including any	accompanying	g schedules and		
Name of Authorized Person				Date			
CARRIE E. MOSCA, MANAGER					27/19		
Signature of Authorized Person	Masc	EIGN D	OCUMENT OF RE				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website**: www.sos.ri.gov