	State of Rhode Island and Pro Office of the Secreta		<b>IS</b> Fee: \$50.0
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet )4-2615	
_imited Liability Co	mpany		
Annual Report Filing Period: September			
	L. 7-16-66(d), each limited liability comp hin thirty (30) days after the time presc a penalty fee of \$25.00.		
ANNUAL REPORT YEAF	<b>R</b> : <u>2019</u>		
1. ID No. <u>0005070</u>	52		
2. Exact Name of the L	imited Liability Company CCA Pro	operties, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III	business conducted by t	the entity. Download
Enter the six digit NAICS			the entity. Download
Enter the six digit NAICS the list of codes <u>here.</u> Mo <u>531120</u>	Code that best describes the primary	online.	
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOHN S. BRUNERO, JR. 1070 MAIN STREET COVENTRY, RI 02816

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 24 Day of September, 2019 at 1:45:10 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>RUSSELL CROSSMAN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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