

## 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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1 Entity ID Number <b>001681112</b>		2 Exact name of the Limited Liability Company CGRI Middletown LLC				
3. NAICS Code 531110		Brief description of the character of business conducted in Rhode Island     Development of Real Estate				
5. State of Formation Rhode Island						
6. Principal Office Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919	
7. Mailing Address of Limiter	d Liability Compa	any and Name o	r Title of Contact Person		<u> </u>	
Contact Name Kelly Coates			Contact Title Authorized Trustee			
Street Address 1414 Atwood Avenue			City Johnston	State RI	<sup>7<sub>IP</sub></sup> 02919	
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
	<u>l</u>	<u></u>	<u></u>	Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This infor	nation is currently	of record with the Department of St	ate. Changes require filir	ng Form 642	
	declare and af	firm that I have	examined this report, includi			
Name of Authorized Person				Date		
Kelly Coates				10/23/19		
Signature of Authorized Pers	son	Ach	COUNTERE			

MAIL TO:

**Division of Business Services** 

148 W. River Street. Providence, Rhode Island 02904-2615

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