

## Annual Report for the year: 2019 Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty<sup>-</sup> Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number <b>001681119</b>	2. Exact name of the Limited Liability Company  CGRI East Providence LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531110	Development of Real Estate						
5. State of Formation							
Rhode Island							
6. Principal Office Address			City	State	Zıp		
1414 Atwood Avenue			Johnston	RI	02919		
7. Mailing Address of Limited Lia	bility Compa	ny and Name or	Title of Contact Person				
Contact Name Kelly Coates			Contact Title Authorized	Contact Title Authorized Trustee			
Street Address 1414 Atwood Avenue			City Johnston	State RI	<sup>Zıp</sup> 02919		
8. List ALL managers (names a	nd addresses	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	Zıp	City	State	Zıp		
Manager Name	•		Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zıp	City	State	Zip		
				Check the box to	indicate 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 dec statements, and that all staten	lare and affi nents contai	irm that I have ε ined herein are	examined this report, includi true and correct.	ng any accompanyir	ng schedules and		
Name of Authorized Person	Date	Date					
Kelly Coates		20.	10/23/19				
Signature of Authorized Person							
		/ - /	/				

MAIL TO:

**Division of Business Services** 

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

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