RI SOS Filing Number: 201927307090 Date: 11/7/2019 4:00:00 PM



## 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.

	FILED STOMP
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1. Entity ID Number	2. Exact name of the Limited Liability Company  CGRI Greenville LLC						
001681113	CGRI	Greenvii	ile LLC				
3. NAICS Code	4. Brief de	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	Zip		
1414 Atwood Avenue			Johnston	RI	02919		
7. Mailing Address of Limited	Liability Compa	any and Name o	Title of Contact Person				
Contact Name Kelly Coates			Contact Title Authorized Trustee				
Street Address 1414 Atwood Avenue			City Johnston	State RI	<sup>Z<sub>ip</sub></sup> 02919		
8. List ALL managers (names	and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Manager Name			Manager Name	Manager Name			
Streel Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	<u> </u>	<b>,</b>	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
	ı	<del>_</del>	<u> </u>	Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode Is	sland. This inforr	nation is currently	of record with the Department of St	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, I o statements, and that all stat	leclare and aft tements conta	firm that I have ined herein are	examined this report, includii true and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person				Date			
Kelly Coates				10/23/19			
Signature of Authorized Perso	on	Juli	LOCULAT HE				

## MAIL TO:

**Division of Business Services** 

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

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