

FILED STAMP

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.

1. Entity ID Number 001681116		2. Exact name of the Limited Liability Company CGRI Warwick Avenue 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 Limited	Liability Compa	any and Name o	r Title of Contact Person			
Contact Name Kelly Coates			Contact Title Authorized Trustee			
Street Address 1414 Atwood Avenue			City Johnston	State RI	^{Zip} 02919	
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	7 _{IP}	
Manager Name			Manager Name			
Streel Address			Street Address			
City	State	Zip	City	State	Z _I p	
<u></u>	<u> </u>		<u> </u>	Check the box to	L indicate an attachment ☐	
9. Resident Agent in Rhode I	Island. This inforr	nation is currently	of record with the Department of St	ate. Changes require filis	ng Form 642.	
Under penalty of perjury, I statements, and that all sta	declare and aff atements conta	irm that I have ined herein are	examined this report, including true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Kelly Coates				10/23/19		
Signature of Authorized Pers	son	fill	DOCHLENT HERE	•	:	

MAIL TO:

Division of Business Services

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

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