

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.





1151

1. Entity ID Number 001681106	4	2 Exact name of the Limited Liability Company CGRI Cranston Atwood LLC				
3. NAICS Code	4 Brief des	4 Brief description of the character of business conducted in Rhode Island				
531110	Developm	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	Liability Compa	iny and Name o	r Title of Contact Person			
Contact Name Kelly Coates			Contact Title Authorized	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	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name		<u> </u>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	I			Check the box to	indicate an attachment	
9. Resident Agent in Rhode I	sland. This inform	nation is currently	of record with the Department of St	ate. Changes require filii	ng Form 642.	
Under penalty of perjury, I statements, and that all sta			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 Pers	son .	122	MOCUMENT HEAD			

MAIL TO:

Division of Business Services

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

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