



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Limited Liability Company

OCT 07 2020

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

BY 159 DS

1. Entity ID Number 001674383		2. Exact name of the Limited Liability Company CPI JOHNSTON I LLC			
3. NAICS Code 531311		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Formation DE					
6. Principal Office Address 160 GREENTEA DRIVE SUITE 101			City DOVER	State DE	Zip 19904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARC DISMUS			Contact Title ACCOUNTANT		
Street Address 195 NORTH STREET - SUITE 100			City TETERBORO	State NJ	Zip 07608
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NAI HANSON MANAGEMENT			Manager Name		
Street Address 195 NORTH STREET - SUITE 100			Street Address		
City TETERBORO	State NJ	Zip 07608	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Person PETER O. HANSON				Date OCTOBER 6, 2020	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
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