



Annual Report for the year: 2020**Limited Liability Company**

OCT 28 2020

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| → Penalty: Additional \$25.00 | tee it torm i | is not filed by De | ecember 1. | BY | 300) | |
|---|--|--|--|----------------------|-----------------------|--|
| 1. Entity ID Number 000147237 | 2. Exact name of the Limited Liability Company | | | | 05 | |
| | CMRE Realty, LLC | | | | | |
| 3. NAICS Code | Brief description of the character of business conducted in Rhode Island | | | | | |
| 531390 | To develop, own, operate and lease property | | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | ı | |
| 6. Principal Office Address | - | | City | State | Zıp | |
| 241B Dugway Bridge Road | | | West Kingston | RI | 02892 | |
| 7. Mailing Address of Limited Lia | bility Compa | iny and Name or | | • | | |
| Contact Name Clayton W. Field | | | Contact Title Member | Contact Title Member | | |
| Street Address 241B Dugway Bridge Road | | | City West Kingston | State RI | Zip 02892 | |
| 8. List ALL managers (names a | nd addresses | s) of the Limited L | iability Company, IF APPLICABL | E - DO NOT LIST I | MEMBERS | |
| Manager Name | | | Manager Name | Manager Name | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| | _ | | | Check the box to | ndicate an attachment | |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 e ined herein are t | xamined this report, including true and correct. | any accompanyin | g schedules and | |
| Name of Authorized Person | | | | Date | | |
| Clayton W. Field | | | | 10/36 | , 2020 | |
| Signature of Authorized Person Outfor W. Tello | | | | | | |

MAIL TO:

Division of Business Services

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

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