



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020  
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 STAMP

OCT 28 2020

BY

FOR  
REGISTRAR OF STATE  
CORPORATIONS  
ONLY

|                                                                                                                                                                                                             |       |                                                                                                           |                                     |                    |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------|--------------|
| 1. Entity ID Number<br>001681118                                                                                                                                                                            |       | 2. Exact name of the Limited Liability Company<br>CGRI Cranston Park LLC                                  |                                     |                    |              |
| 3. NAICS Code<br>531110                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>Development of Real Estate |                                     |                    |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |       |                                                                                                           |                                     |                    |              |
| 6. Principal Office Address<br>1414 Atwood Avenue                                                                                                                                                           |       | City<br>Johnston                                                                                          |                                     | State<br>RI        | Zip<br>02919 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                           |                                     |                    |              |
| Contact Name<br>Kelly Coates                                                                                                                                                                                |       |                                                                                                           | Contact Title<br>Authorized Trustee |                    |              |
| Street Address<br>1414 Atwood Avenue                                                                                                                                                                        |       | City<br>Johnston                                                                                          |                                     | State<br>RI        | Zip<br>02919 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                           |                                     |                    |              |
| 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 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.                                                                         |       |                                                                                                           |                                     |                    |              |
| <b>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.</b> |       |                                                                                                           |                                     |                    |              |
| Name of Authorized Person<br>Kelly Coates                                                                                                                                                                   |       |                                                                                                           |                                     | Date<br>10-13-2020 |              |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                                           |                                     |                    |              |

## MAIL TO:

Division of Business Services

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