RI SOS Filing Number: 202070948390 Date: 10/28/2020 4:00:00 PM

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nent of State - Business Services Division

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

 \rightarrow Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

***	FILED
	OCI 28 2020

1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company					
001681114	CGRI Wa	CGRI Wakefield LLC					
3. NAICS Code	4. Brief de	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	Zip		
1414 Atwood Avenue			Johnston	RI	02919		
7 Mailing Address of Limited	l 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	Z _{IP} 02919		
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name					
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
. <u></u>			I	Check the box to	indicate an attachment		
9. The Resident Agent inform	nation currently	of record with the	e RI Department of State is acc	curate. Changes requi	re filing Form 642		
Under penalty of perjury, I statements, and that all sta	declare and af	firm that I have lined herein are	examined this report, includ true and correct.	ing any accompanyir	ng schedules and		
Name of Authorized Person	-			Date 10	/2 202 =		
Kelly Coates		<u>/</u>		10-	-13-2020		
Signature of Authorized Person							
Lille	1/20						

MAIL TO:

Division of Business Services

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

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