



State of Rhode Island
Department of State - Business Services Division

FILED

OCT 28 2020
 STATE

BY

[Handwritten signature]

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.

1. Entity ID Number 001681114		2. Exact name of the Limited Liability Company CGRI Wakefield LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Development of Real Estate			
5. State of Formation Rhode Island					
6. Principal Office Address 1414 Atwood Avenue		City Johnston	State RI	Zip 02919	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kelly Coates			Contact Title Authorized Trustee		
Street Address 1414 Atwood Avenue		City Johnston	State RI	Zip 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					
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.					
Name of Authorized Person Kelly Coates			Date 10-13-2020		
Signature of Authorized Person <i>[Handwritten Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov