



State of Rhode Island

Department of State - Business Services Division

**FILED**

NOV 04 2020

BY 12/16  
[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 <u>000517244</u>		2. Exact name of the Limited Liability Company <u>CD PROPERTIES, LLC</u>	
3. NAICS Code <u>531110</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>11 CENTRAL ST, CARRAIGE HOUSE</u>		City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>CHRISTOPHER M. EYRE</u>		Contact Title <u>OWNER</u>	
Street Address <u>11 CENTRAL ST, CARRAIGE HOUSE</u>		City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Christopher Eyre</u>		Manager Name	
Street Address <u>P.O. BOX 883</u>		Street Address	
City <u>Newport RI 02840</u>		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 <u>CHRISTOPHER M. EYRE</u>		Date <u>10/26/20</u>	
Signature of Authorized Person <u>[Signature]</u>			

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov