



State of Rhode Island

## Department of State - Business Services Division

**FILED****Annual Report for the year: 2021****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.

OCT 05 2021  
BY 9221  
[Signature]

|                                                                                                                                                                                                             |       |                                                                                                                                                                                         |                                        |                        |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------|------------------|
| 1. Entity ID Number<br><b>118820</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Cedarhurst Realty Associates, LLC</b>                                                                                              |                                        |                        |                  |
| 3. NAICS Code<br>531120                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>LEASING AND RENTING OF REAL PROPERTY AND ANY OTHER ACTS OR THINGS<br>RELATIVE THERETO PERMISSIBLE BY LAW |                                        |                        |                  |
| 5. State of Formation<br>RHODE ISLAND                                                                                                                                                                       |       |                                                                                                                                                                                         |                                        |                        |                  |
| 6. Principal Office Address<br>C/O 10 DORRANCE STREET, SUITE 530                                                                                                                                            |       | City<br>PROVIDENCE                                                                                                                                                                      |                                        | State<br>RI            | Zip<br>02903     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                                                                         |                                        |                        |                  |
| Contact Name <b>DAVID P. SUGARMAN</b>                                                                                                                                                                       |       |                                                                                                                                                                                         | Contact Title <b>TRUSTEE OF MEMBER</b> |                        |                  |
| Street Address <b>115 KINGSLEY FARM ROAD</b>                                                                                                                                                                |       | City <b>GOULDSBORO</b>                                                                                                                                                                  |                                        | State <b>ME</b>        | Zip <b>04607</b> |
| 8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>                                                                              |       |                                                                                                                                                                                         |                                        |                        |                  |
| 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><b>DAVID P. SUGARMAN, TRUSTEE</b>                                                                                                                                              |       |                                                                                                                                                                                         |                                        | Date<br><b>9/27/21</b> |                  |
| Signature of Authorized Person<br><u>David P. Sugarman</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