

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.

| FILED | |
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| OCI 0 5 2021 | |
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| Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|--|--|-------------------|----------------------------------|-------------------------|------------------------|--|--|
| 000137709 | Cranberry Apartments, LLC | | | | | | |
| 3. NAICS Code 531110 | Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE RESIDENTIAL RENTAL APARTMENTS. | | | | | | |
| 5. State of Formation Rhode Island | | | | | | | |
| Principal Office Address Smithfield Avenue | | | City Pawtucket | State RI | Zip 02860 | | |
| 7. Mailing Address of Limited Lia | bility Compa | ny and Name o | | | | | |
| Contact Name John K. Cooper | | | Contact Title President | Contact Title President | | | |
| Street Address 558 Smithfield Avenue | | | City Pawtucket | Stale RI | ^{Zıp} 02860 | | |
| 8. List ALL managers (names ar | nd addresses | s) of the Limited | Liability Company, IF APPLICAL | BLE - DO NOT LIST | MEMBERS | | |
| Manager Name | | | 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 | Zıp | City | State | Zıp | | |
| | <u> </u> | _ | | Check the box to | indicate an attachment | | |
| 9. The Resident Agent information | on currently o | of record with th | e RI Department of State is accu | ırate. Changes requi | re filing Form 642. | | |
| Under penalty of perjury, I dec statements, and that all staten | | | | ng any accompanyir | ng schedules and | | |
| Name of Authorized Person John K. Cooper | | | | Pate 9-20-20의 | | | |
| Signature of Authorized Person | Coon | / | | • | | | |

MAIL TO:

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