RISOS Filina N	umber: 202104152540	Date: 11/5/2020 4:00	:00 PM		
State of Rhode Islan			_		
	State - Business Servic	es Division	A		
			Xal		
		A.			
Innual Report for the	$_{\text{evear}}$ 2020	X	180011		
imited Liability Con	· / · · · · · · · · · · · · · · · ·	BH B			
→ Filing period: Septemi	• -	Mark			
→ Filing Fee: \$50.00	oci (- November 1				
	5.00 fee If form is not filed by Dec	ember 1.	-		
1. Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company			
11/47/5/5] COCELLC			•	
3. NAICS Code	4 Brief description of the cha	racter of husiness conducted	in Rhode Island		
	4. Brief description of the character of business conducted in Rhode Island Rentel Rel Estate				
531110		The 2 family hows			
5. State of Formation	I'm 2 Baining car	באני		•	
$\mathcal{R}.\mathcal{I}$			•		
6. Principal Office Address	, <u></u>	City_	State	Zip	
433 Benefit	St.	Providence	RI	02508	
	Liability Company and Name or T				
Contect Name Charles Cudwerth		Contact Title Ininger - Co-owner			
	'		State	Ζip	
433 Brinchit	5- Prov. RI 02403	City Providence	RI.	02903	
3. List ALL managers (name	s and addresses) of the Limited Li	ability Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS	
Manager Name	<u> </u>	Manager Name	<u> </u>		
Charles Cudwa	rock	Janer Levin			
Street Address 433 Benefit	<.	Street Address Bones 12	. ≤ 4.	•	
rs. <i>V</i>		Chr. ()		7in	
Prov	State Zip 02903	Prov	State 7	76 024.3	
Manager Name		Manager Name			
		Chand Address			
Street Address		Street Address			
City	State Zip	City	State	Zip	
·					
				indicate an attachment	
9. The Resident Agent inform	nation currently of record with the F	RI Department of State is accur	rate. Changes requi	re filing Form 642.	
Under penalty of perjury, I	declare and affirm that I have ex	amined this report, including			
	rtements contained herein are tr	ue and correct.	· · ·		
Name of Authorized Person			Oate	 -	
_ Kark	s Cudworth		11/2/	20 .	
Signature of Authorized Pers	on				
Charle	on Cudwerth		er were	11 mallind	
~ 1-41 147	CINAMUN-17	Wr	- 4 WEST	MIMMINA	
AN 2000 -		/ ·,	1.1.1	4 0	
MAIL TO: ar >mill Division of Business Service	letter " " "	V10	2D 11/5/2 K# 10	20	
148 W. River Street, Providence, Rhode Island 02904-2815		1110	7 17 7/1	· •	
Phone: (401) 222-3040	.,	1 1	1/ 1/ 1/	1	
Website: www.sos.ni.gov		l'YhED	水扫 11)	71	
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