Chata of Dhada Islan		idada Bladkaki.			_	
State of Rhode Islan						
Department of S	tate - Bus	iness Service	es Division			
Ammood Downer for Alexand						
Annual Report for the yea		21				
Limited Liability Company	•					
—Ailing period: September	1 - Novembe	er 1				
— A tiling Fee: \$50.00						
$-\overline{\mathbf{A}}$ enalty: Additional \$25.6	00 fee if for	m is not filed by f	December 1.		•	
		•				
1 Entity ID Number	2. Exact name of the Limited Liability Company					
•						
118724	CWS PROPERTIES, LLC					
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
	Our longs and rell real estate acception and improve					
531110	Own, lease and sell real estate properties and improvements.					
5. State of Formation						
RHODE ISLAND	<u> </u>			Τ-	1-	
6 Principal Office Address			City	State	Zıp	
1425 PARK AVENUE			CDANCTON	דמ	02020	
7. Mailing Address of Limited Liab	olity Compar	y and Name or Tit	CRANSTON	RI	02920	
Contact Name	Jiity Compan	iy and Name of Til	Contact Title			
Michael A. Kearney			Manager			
Street Address			City	State	Zıp	
1425 PARK AVENUE			CRANSTON	RI	02920	
8 List ALL managers (names and	addresses) (of the Limited Liabili				
Manager Name				Manager Name		
Michael A. Kearney			William T. Heaton			
Street Address			Street Address	• • • • • • • • • • • • • • • • • • • •		
1425 PARK AVENUE			1425 PARK AVENUE	1425 PARK AVENUE		
City	State	Zıp	City	State	Zıp	
CRANSTON	RI	02920	CRANSTON	RI	02902	
Manager Name			Manager Name			
Street Address			Street Address			
	Tc			I o	1-	
City	State	Zip	City	State	Zip	
	<u>. </u>	<u> </u>				
Q Pasident Agent in Phodo Island	This informs	tion in oursently of a		ck the box to indicate		
9. Resident Agent in Rhode Island						
Under penalty of perjury, I decla statements, and that all statements	re and amm s contained h	a ulat i nave exar erein are true and	minea uns report, including : correct.	any accompanying s	cnedules and	
Name of Authorized Person				Date		
				Date 1/- 4-	2021	
Michael A. Kearney						
Signature of Authorized Person	\ \/					
Wichael +	4. Ke	arney				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

NOV 8 2021

FORM 632 - Revised 10/2017