



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

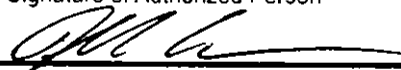
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 15 2023

BY

1070 DS

|                                                                                                                                                                                                             |  |                                                                                                   |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>941869</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>CAMMANS REAL ESTATE COMPANY, LLC</b>         |                    |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                              |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>REAL ESTATE</b> |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |  |                                                                                                   |                    |
| 6. Principal Office Address<br><b>333 Main Street (Suite #2)</b>                                                                                                                                            |  | City<br><b>East Greenwich</b>                                                                     | State<br><b>RI</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>02818</b>                                                                               |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                   |                    |
| Contact Name<br><b>JEFFREY A. CAMMANS</b>                                                                                                                                                                   |  | Contact Title<br><b>MEMBER</b>                                                                    |                    |
| Street Address<br><b>333 Main Street (Suite #2)</b>                                                                                                                                                         |  | City<br><b>East Greenwich</b>                                                                     | State<br><b>RI</b> |
|                                                                                                                                                                                                             |  | Zip<br><b>02818</b>                                                                               |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                                   |                    |
| <i>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.</i> |  |                                                                                                   |                    |
| Name of Authorized Person<br><b>JEFFREY A. CAMMANS</b>                                                                                                                                                      |  | Date<br><b>3/1/23</b>                                                                             |                    |
| Signature of Authorized Person<br>                                                                                       |  |                                                                                                   |                    |

## MAIL TO:

## Division of Business Services

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