

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 **Limited Liability Company**

FEB 1 2 2024 O

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

Entity ID Number	2. Exact name of the Limited Liability Company				
001722286	CGRI Dryden LLC				
3. NAICS Code 531110	4. Brief description of the character of business conducted in Rhode Island				
	Ownership and Development of Real Estate				
5. State of Formation					
Rhode Island	1				
6. Principal Office Address	<u>-</u>	City	State	Zip	
1414 Atwood Avenue		Johnston	RI	02919	
7 Mailing Address of Limited Lia	ability Company and Name or Title	of Contact Person			
Contact Name Kelly Coates		Contact Title Authorized Trustee			
Street Address 1414 Atwood Avenue		City Johnston	State RI	^{Zıp} 02919	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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.					
Name of Authorized Person			Date	Date	
Kelly Coates			1/17	1/17/29	
Signature of Authorized Person Hitherized //19/28					

MAIL TO:

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