



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 1. Entity ID Number<br><b>001681107</b>                                                                                                                                                                |  | 2. Exact name of the Limited Liability Company<br><b>CGRI Westerly LLC</b>                                                     |                        |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                         |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Ownership and Development of Real Estate</b> |                        |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                           |  |                                                                                                                                |                        |
| 6. Principal Office Address<br><b>1414 Atwood Avenue</b>                                                                                                                                               |  | City<br><b>Johnston</b>                                                                                                        | State<br><b>RI</b>     |
|                                                                                                                                                                                                        |  | Zip<br><b>02919</b>                                                                                                            |                        |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                    |  |                                                                                                                                |                        |
| Contact Name<br><b>Kelly Coates</b>                                                                                                                                                                    |  | Contact Title<br><b>Authorized Trustee</b>                                                                                     |                        |
| Street Address<br><b>1414 Atwood Avenue</b>                                                                                                                                                            |  | City<br><b>Johnston</b>                                                                                                        | State<br><b>RI</b>     |
|                                                                                                                                                                                                        |  | Zip<br><b>02919</b>                                                                                                            |                        |
| 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<br><b>Kelly Coates</b>                                                                                                                                                       |  |                                                                                                                                | Date<br><b>1/17/24</b> |
| Signature of Authorized Person<br><i>Kelly Coates Authorized Trustee</i>                                                                                                                               |  |                                                                                                                                |                        |

**MAIL TO:**

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