



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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SECRETARY OF STATE
USE ONLY

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|---|--|---|-------------|
| 1. Entity ID Number 000799340 | | 2. Exact name of the Limited Liability Company CCNL PROPERTIES LLC | |
| 3. NAICS Code 531120 | | 4. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 39 WARREN AVE | | City EAST PROVIDENCE | State RI |
| | | Zip 02914 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name CORY BRAILSFORD | | Contact Title OWNER | |
| Street Address 39 WARREN AVE | | City EAST PROVIDENC | State RI |
| | | Zip 02914 | |
| 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 CORY BRAILSFORD | | Date 09/16/2024 | |
| Signature of Authorized Person | | | |

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

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