

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **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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Entity ID Number	2. Exact name of the Limited Liability Company					
1708934	CW Buildings U.C					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
100/21						
5. State of Formation	,	_				
TI.	Billiards Bo	Johnston	<u>-</u>			
6. Principal Office Address	4 0 /	City	State	Žip		
938 Plainfie	ed St.	Johnston	RI	08911		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Title Contact Title						
('hristopher J	lackson	Owner				
Street Address Spring (a	ike Rd	Harrisulle	State	02838		
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 1						
WANDA & Va	ic Kson	· <u>-</u>	103	2021		
Signature of Authorized Person	I facker	- <u> </u>	1) 		
(7/1					

MAIL TO:

Division of Business Services

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

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FORM 632 - Revised: 12/2023