

State of Rhode Island

Department of State - Business Services Division

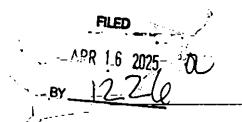
Annual Report for the year: Limited Liability Company



-> Filing period February 1 - May 1

→ Filing Fee: \$50 00

→ Penalty. Additional \$25 00 fee if form is not filed by May 31



1 Entity D Number	2. Exact name of the Limited Liability Company			
000109325	CDG Proper	ties, LLC		
3 NAICS Code	Brief description of the character of business conducted in Rhode Island			
531190	real estate	. rental		
5 State of Formation *	1			
RI				
6 Principal Office Address	•	City	State	Zip
195 E. Hill Dr.		Crenston	RI	02920
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Title				
Corinne Mojkowski		member		
Street Address F. Hill	Dr.	Cran STon	State /	210
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	
Corinne Moskowski			2/1/20245	
Signature of Authorized Person Corinne Mojhowski				

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