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State of Rhode Island **Department of State - Business Services Division**

FILED SIANT APR 16 2025

Annual Report for the year: 2025 **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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CB)	BY_	1609

1. Entity ID Number 1733161	2. Exact name of the Limited Liability Company Cherry Blossom Realty Associates, LLC 4. Brief description of the character of business conducted in Rhode Island Real estate and any other lawful purpose.				
3. NAICS Code 531390					
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
300 Morgan Avenue		Johnston	RI	02919	
7. Mailing Address of Limited I	iability Company and Name	or Title of Contact Person			
Contact Name Arnaldo Abatecola		Contact Title Operating Manager			
Street Address 300 Morgan Avnue		City Johnston	State	^{Z_{ip}} 02919	
8. The Resident Agent informa	ation currently of record with t	he RI Department of State is accu	ırate. Changes requir	e filing Form 642.	
9. Under penalty of perjury, statements, and that all state		ave examined this report, includes	ding any accompany	ving schedules and	
Name of Authorized Person	Circuits comained herein bi	true una correct.	Date		
Arnaldo Abatecola			423	1-25	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov