

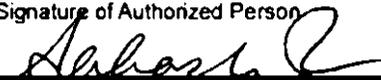
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**State of Rhode Island
 Department of State - Business Services Division**

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.

1. Entity ID Number 001728613		2. Exact name of the Limited Liability Company CNLVII TOJOHRI LLC			
3 NAICS Code 513390		4. Brief description of the character of business conducted in Rhode Island Conducting Real Estate Business			
5. State of Formation Rhode Island					
6. Principal Office Address 195 North Street, Suite 100		City Teterboro	State NJ	Zip 07608	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Aakash Rana		Contact Title Manager			
Street Address 195 North Street, Suite 100		City Teterboro	State NJ	Zip 07608	
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 Aakash Rana				Date 4/11/2025	
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.ri.gov

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BY TG944