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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.

1 Entity ID Number	2. Exact name of the Limited Liability Company				
001681118	CGRI Cranston Park LLC				
3. NAICS Code 531110	Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate				
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
1414 Atwood Avenue		Johnston	RI	02919	
7 Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name Kelly Coates		Contact Title Authorized Trustee			
Street Address 1414 Atwood Avenue		City Johnston	State RI	^{Zip} 02919	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is accu	rate. Changes requir	e filing Form 642	
	y, I declare and affirm that I h latements contained herein a	nave examined this report, including true and correct.	ling any accompany	ying schedules and	
Name of Authorized Person			Date		
Kelly Coates			1/17/28		
Signature of Authorized Per	SAFET Authori	in Tastes			

MAIL TO:

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

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



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

Annual Report for the year: 2024 **Limited Liability Company**

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→ 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 000139484	2. Exact name of the Limited Liability Company 5-113 LLC					
3 NAICS Code 531120 5. State of Formation	Brief description of the character of business conducted in Rhode Island Ownership and Development of Real Estate					
RI						
6. Principal Office Address	•	City	State	Zip		
1414 Atwood Avenue		Johnston	RI	02919		
7. Mailing Address of Limited Lia	ability Company and Name or Title	e of Contact Person				
Contact Name Kelly Coates		Contact Title Authorized Trustee				
Street Address 1414 Atwood Avenue		City Johnston	State RI	^{Zip} 02919		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642						
	declare and affirm that I have ex ments contained herein are true	•	ng any accompany	ring schedules and		
Name of Authorized Person			Date			
Kelly Coates			1/1/29			
Signature of Authorized Person	Costa Puthoria	red Inster	• /			

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