



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 DEPT. OF STATE
 4/10/23

2023 APR - 7 A 10:05

1. Entity ID Number 001676570		2. Exact name of the Corporation CP Management, Inc.			
3. Principal Office Address 11 Court Street, Suite 100			City Exeter	State NH	Zip 03833
4. NAICS Code 523920		6. Brief description of the character of business conducted in Rhode Island Business Management			
5. State of Incorporation NH					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James J. Horne			Vice-President Name n/a		
Street Address 11 Court Street, Suite 100			Street Address		
City Exeter	State NH	Zip 03833	City	State	Zip
Secretary Name James J. Horne			Treasurer Name James J. Horne		
Street Address 11 Court Street, Suite 100			Street Address 11 Court Street, Suite 100		
City Exeter	State NH	Zip 03833	City Exeter	State NH	Zip 03833
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tracy Longo			Director Name James J. Horne		
Street Address 11 Court Street, Suite 100			Street Address 11 Court Street, Suite 100		
City Exeter	State NH	Zip 03833	City Exeter	State NH	Zip 03833
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		Common	No par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative James J. Horne					Date 3/22/23
Signature of Authorized Representative 					

FILED

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 ML 29223