



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 MAR 27 AM 11:12
Annual Report for the year: 2016

## Limited Liability Company

- Filing period: September 1 - November 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>000489392</u>		2. Exact name of the Limited Liability Company <u>CMT Realty</u>			
3. NAICS Code <u>52</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real estate</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>163 Beachwood Drive</u>		City <u>Warwick</u>	State <u>RI</u>	Zip <u>02818</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>CANDY CASTALDI</u>		Contact Title <u>Manager</u>			
Street Address <u>163 Beachwood Dr</u>		City <u>Warwick</u>	State <u>RI</u>	Zip <u>02818</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>TERRY A LEAL</u>		Manager Name <u>Melanie Flanagan</u>			
Street Address <u>1691 Post Rd</u>		Street Address <u>55 Jefferson Blvd</u>			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
Manager Name <u>Candy Castaldi</u>		Manager Name			
Street Address <u>163 Beachwood</u>		Street Address			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02818</u>	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <u>TERRY A Leal</u>				Date <u>3/27/17</u>	
Signature of Authorized Person <u>[Signature]</u>					

## MAIL TO:

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

FILED

MAR 27 2017

BY C14989206