

Annual Report for the year: 2017
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.

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1. Entity ID Number <b>805596</b>		2. Exact name of the Limited Liability Company CMC AT 366 WOOD, LLC				
3. NAICS Code 722513		4. Brief description of the character of business conducted in Rhode Island OPERATION OF A PIZZERIA				
5. State of Formation RI				:		
6. Principal Office Address 366 WOOD ST.			City BRISTOL	State RI	Zip 02809	
7. Mailing Address of Limite	ed Liability Compan	y and Name or Tit	le of Contact Person			
Contact Name KENNETH J. MACKSOUD, ESQ.			Contact Title RESIDENT AGENT			
Street Address One Turks Head Place,			City Providence	State RI	<sup>Zip</sup> 02903	
8. List ALL managers (nam	nes and addresses)	of the Limited Lia	bility Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name CYNTHIA CAVALIERI			Manager Name			
Street Address 366 WOOD STREET			Street Address			
City BRISTOL	State RI	<sup>Zip</sup> 02809	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	<u> </u>	<u> </u>	1	Check the box to	indicate an attachment	
9. Resident Agent in Rhode	e Island. This informa	ition is currently of re	ecord with the Department of Sta	te, Changes require fil	ing Form 642.	
Under penalty of perjury, statements, and that all s			mined this report, including and correct.	g any accompanyii	ng schedules and	
Name of Authorized Person  CYNTHIA CAVALIERI				Date : 10/12/17		
Signature of Authorized Pe	erson wa	Liesign D	OCUMENT HERE		<i></i>	

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** 

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