



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

SEP 10 2018

BY

Annual Report for the year: 2018

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 113815		2. Exact name of the Limited Liability Company CT +Associates, LLC			
3. NAICS Code 541618		4. Brief description of the character of business conducted in Rhode Island Professional Consulting & Planning Services for the Healthcare Industry			
5. State of Formation Rhode Island					
6. Principal Office Address 86 Thomas Leighton Blvd		City Cumberland	State R.I.	Zip 02864	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Christian L. Troiano			Contact Title President & Owner		
Street Address 86 Thomas Leighton Blvd		City Cumberland	State R.I.	Zip 02864	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					
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 Christian L. Troiano				Date September 7, 2018	
Signature of Authorized Person <i>Christian L. Troiano</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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