



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

FILED

AUG 26 2019

4425

STAMP

RI
 DEPARTMENT OF STATE
 PROVIDENCE, RI

Annual Report for the year: 2019
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 126412		2. Exact name of the Limited Liability Company CUMBERLAND MEDICAL ASSOCIATES, LLC			
3. NAICS Code 53110		4. Brief description of the character of business conducted in Rhode Island Purchase and Sale and Rental of Real Estate.			
5. State of Formation Rhode Island					
6. Principal Office Address 725 Reservoir Avenue, Suite 101		City Cranston	State RI	Zip 02910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Grace M. Mariorenzi		Contact Title Member			
Street Address 725 Reservoir Avenue, Suite 101		City Cranston	State RI	Zip 02910	
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.					
<i>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.</i>					
Name of Authorized Person Grace M. Mariorenzi				Date 8-20-19	
Signature of Authorized Person 		SIGN DOCUMENT HERE			

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