



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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 <b>001018659</b>		2. Exact name of the Limited Liability Company <b>CMG Private Equity V LLC</b>	
3. NAICS Code <b>523930</b>		4. Brief description of the character of business conducted in Rhode Island <b>Private Equity Investment</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>34A Pier Market Place</b>		City <b>Narragansett</b>	State <b>RI</b>
		Zip <b>02882</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Michael Riley</b>		Contact Title <b>Managing Member</b>	
Street Address <b>34A Pier Market Place</b>		City <b>Narragansett</b>	State <b>RI</b>
		Zip <b>02882</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <b>Coastal Management LLC</b>		Manager Name <b>Coastal Management LLC</b>	
Street Address <b>34A Pier Place</b>		Street Address <b>34A Pier Place</b>	
City <b>Narr</b>	State <b>RI</b>	Zip <b>02882</b>	
Manager Name		Manager Name	
Street Address		Street Address	
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 <b>Michael Riley</b>		Date <b>9/13/19</b>	
Signature of Authorized Person <b>Michael B. Riley</b>		SIGN DOCUMENT HERE	

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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BY

FORM 632 - Revised: 10/2017