



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

**FILED**

OCT 03 2019

BY

4261

*[Signature]*

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>805596</b>		2. Exact name of the Limited Liability Company <b>CMC AT 366 WOOD, LLC</b>			
3. NAICS Code <b>722513</b>		4. Brief description of the character of business conducted in Rhode Island <b>OPERATION OF A PIZZERIA</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>366 WOOD STREET</b>			City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Kenneth J. Macksoud, Esq.</b>			Contact Title <b>Resident Agent</b>		
Street Address <b>536 Atwells Avenue</b>			City <b>Providence,</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Cynthia Cavalleri</b>			Manager Name		
Street Address <b>366 Wood Street</b>			Street Address		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	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 <i>Cynthia M Cavalleri</i>				Date <b>10/3/19</b>	
Signature of Authorized Person <i>Cynthia M Cavalleri</i>				SIGN DOCUMENT HERE	

**MAIL TO:**

Division of Business Services

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