

NOV 0 2 2020 STAINF

Annual Report for the year: 2020 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		2. Exact name of the Limited Liability Company				
001666882	CMG Priv	CMG Private Equity VI LLC				
3. NAICS Code		Brief description of the character of business conducted in Rhode Island				
523930	Private Equity Investment					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
34A Pier Market Place			Narragansett	RI	02882	
7. Mailing Address of Limited	Liability Compa	any and Name o	or Title of Contact Person	· · ·		
Contact Name Michael Riley			Contact Title Managing M	Contact Title Managing Member		
Street Address 34A Pier Market Place			Onty Narragansett	State RI	Zip 02882	
	and addresse	s) of the Limited	Liability Company, IF APPLICAL	BLE - DO NOT LIST	MEMBERS	
Manager Name Dac 1211ed			Manager Name	Manager Name		
Streep Address A DICE MONIULE			+ Street Address	Street Address		
gran -	State	Zip	City	State	Zıp	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zıp	Cıty	State	Zıp	
				Check the box to	indicate an attachment	
			ne RI Department of State is accu			
Under penalty of perjury, I o statements, and that all stat	declare and aff tements conta	Trm that I have ined herein ar	examined this report, including true and correct.	g any accompanyir	ng schedules and	
Name of Authorized Person				Date	Date	
Michael Riley				10/29/2	10/29/2020	
Signature of Authorized Person	pn (Mi			•		
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov