RI SOS Filing Number: 202073534400 Date: 11/9/2020 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

FILED

nual Report for the year:	2020
Limited Liability Company	

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

> Parating Fee: \$50.00					\sim		
→ Penalty: Additional \$25	.00 tee it form is n	ot filed by Decen	nber 1.		$\mathcal{L}(\mathcal{L})$		
1. Entity ID Number	2. Exact name	2. Exact name of the Limited Liability Company					
792254	CMA Condon	CMA Condominium Association, LLC					
3. NAICS Code	4. Brief descrip	Brief description of the character of business conducted in Rhode Island					
531390	Real Estate						
5. State of Formation							
RI							
6. Principal Office Address		-	City	State	Zip		
41 Grotto Avenue			Pawtucket	RI	02860		
7. Mailing Address of Limited	Liability Company	and Name or Title	of Contact Person	······································			
Contact Name J. Russell Jackson			Contact Title Registered Agent				
Street Address 122 Touro Street			City Newport	State RI	^{23p} 02840		
8. List ALL managers (name:	s and addresses) o	f the Limited Liabi	lity Company, IF APPLI	CABLE - DO NOT LIST M	EMBERS		
Manager Name		Manager Name					
Street Address 1		Street Address - 14 0					
City P	State 4 14	Zip	CHU /	OT	Z10 17.860		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zlp	City	State	Zip		
		1.	<u></u>	Check the box to in	dicate an attachment		
9. The Resident Agent inform	ation currently of re	cord with the RI	Department of State is a	ccurate. Changes require	filing Form 642.		
Under penalty of perjury, I o statements, and that all sta				ding any accompanying	schedules and		
Name of Authorized Person Robert Kaplan			1	Date /E	12/20		
Signature of Authorized Person	on Ib	fland	/_				

MAIL TO:

Pixision of Business Services

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

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