Office of the Secretary of State Division Of Business Services	50.00
140 W/ Divian Stread	
148 W. River Street	
Providence RI 02904-2615 (401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024	
1. ID No. <u>001663955</u>	
2. Exact Name of the Limited Liability Company <u>CORNERSTONE INVESTMENTS LLC</u>	
3. State of Formation	
State: <u>RI</u>	
NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>531390</u>	
531390 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island          REAL ESTATE PROPERTY MANAGEMENT	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE PROPERTY MANAGEMENT         5. Principal Office Address	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE PROPERTY MANAGEMENT         5. Principal Office Address         No. and Street:       69 FOUNTAIN ST.	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE PROPERTY MANAGEMENT         5. Principal Office Address         No. and Street:       69 FOUNTAIN ST. City or Town:         PAWTUCKET       State: RI         Zip: 02860       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       DULCE PEGUERO Contact Title:	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE PROPERTY MANAGEMENT         5. Principal Office Address         No. and Street: <u>69 FOUNTAIN ST.</u> City or Town: <u>PAWTUCKET</u> State: <u>RI</u> Zip: <u>02860</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         REAL ESTATE PROPERTY MANAGEMENT         5. Principal Office Address         No. and Street: <u>69 FOUNTAIN ST.</u> City or Town: <u>PAWTUCKET</u> State: <u>RI</u> Zip: <u>02860</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: <u>DULCE PEGUERO</u> Contact Title:         No. and Street: <u>69 FOUNTAIN ST</u>	

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 1 Day of February, 2024 at 7:26:25 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By DULCE PEGUERO

Signature of Authorized Person

Form No. 632 Revised 09/07

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