



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Limited Liability Company

FEB 09 2024
3251

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 113815		2. Exact name of the Limited Liability Company CT +Associates, LLC		
3. NAICS Code 541618		4. Brief description of the character of business conducted in Rhode Island Professional Consulting & Planning Services for the Healthcare Industry		
5. State of Formation Rhode Island				
6. Principal Office Address 86 Thomas Leighton Blvd.		City Cumberland	State RI	Zip 02864-2220
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Christian L Troiano		Contact Title President/Owner		
Street Address 86 Thomas Leighton Blvd.		City Cumberlabd	State RI	Zip 02864-2220
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Christian L Troiano			Date February 7, 2024	
Signature of Authorized Person 				

MAIL TO:
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