

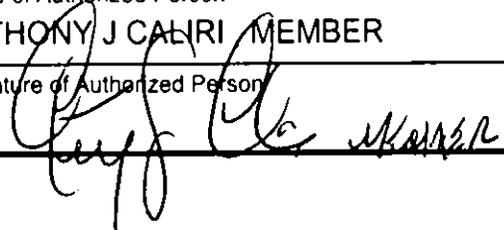


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Limited Liability Company

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

STAMP
FEB 16 2024
9244 R

1. Entity ID Number 576188		2. Exact name of the Limited Liability Company CMB INSURANCE & FINANCIAL STRATEGIES LLC	
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island INSURANCE & INVESTMENT PRODUCTS	
5. State of Formation RI			
6. Principal Office Address ONE WORTHINGTON ROAD		City CRANSTON	State RI
		Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ANTHONY J CALIRI		Contact Title MEMBER	
Street Address ONE WORTHINGTON ROAD		City CRANSTON	State RI
		Zip 02920	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person ANTHONY J CALIRI MEMBER		Date 02-10-24	
Signature of Authorized Person 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov