

State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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.



1. Entity ID Number 141842	2. Exact name of the Limited Liability Company CAUSEWAY, LLC			
3. NAICS Code 531120	Brief description of the character of business conducted in Rhode Island to deal with real estate			
5. State of Formation Rhode Island				
6. Principal Office Address		City	State	Zip
90 Douglas Pike		Smithfield	RI	02917-0000
7. Mailing Address of Limited	d Liability Company and Name or 1	Title of Contact Person		
Contact Name Paul T. Surabian		Contact Title Manager		
Street Address 90 Douglas Pike		City Smithfield	State RI	Zip 02917-0000
8. The Resident Agent inform	mation currently of record with the I	RI Department of State is accu	rate. Changes requi	re filing Form 642.
	y, I declare and affirm that I have atements contained herein are to		ling any accompan	ying schedules and
Name of Authorized Person Paul T. Surabian		TPUSTEE Manager	Date January 2, 2024	
Signature of Authorized Pen	son	·	I	

MAIL TO:

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