



State of Rhode Island
Department of State - Business Services Division

REC'D RIDD05 BSD
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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.

1. Entity ID Number 001763666		2. Exact name of the Limited Liability Company Cabana Capital LLC			
3 NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Purchase, hold, develop, improve, and rent real estate.			
5. State of Formation RI					
6. Principal Office Address 317 Warren Avenue			City East Providence	State RI	Zip 02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Cynthia A. Cabana			Contact Title Manager		
Street Address 2576 Maple Swamp Road			City North Dighton	State MA	Zip 02764
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 Cynthia A. Cabana, Manager				Date 3/30/2024	
Signature of Authorized Person 					

FILED

APR 11 2024
BY 1057 AA.

MAIL TO:
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