



**State of Rhode Island
Department of State - Business Services Division**

APR 16 2024

1136

Annual Report for the year: **2024**

Corporation

- 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 000103605		2. Exact name of the Corporation CSM Associates, Inc.			
3. Principal Office Address 62 Washington Street			City Newport	State RI	Zip 02840
4. NAICS Code 531311		6. Brief description of the character of business conducted in Rhode Island To own, develop, and manage real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lyn Comfort			Vice-President Name none		
Street Address 62 Washington Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Jennifer Stewart			Treasurer Name Jennifer Stewart		
Street Address 40 Mary Street			Street Address 40 Mary Street		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lyn Comfort			Director Name Ian MacKechnie		
Street Address 62 Washington Street			Street Address 5 Russet Avenue		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name John Giffen Stewart			Director Name		
Street Address 26 Damon Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		150	Common	\$.01 Par	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative Jennifer Stewart					Date 2/16/24
Signature of Authorized Representative <i>Jennifer Stewart</i>					

MAIL TO:
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