



State of Rhode Island  
Department of State - Business Services Division

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24 MAY 29 PM 1:57:29

Annual Report for the year:  
Limited Liability Company

2024

- 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 1744053		2. Exact name of the Limited Liability Company CG LLC	
3. NAICS Code 4462000		4. Brief description of the character of business conducted in Rhode Island Massage therapy	
5. State of Formation Rhode Island			
6. Principal Office Address 96 Maynard Street		City Pawtucket <del>Providence</del>	State RI Zip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Claudia Gomes		Contact Title	
Street Address 96 Maynard Street		City Pawtucket	State RI Zip 02860
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 Claudia Gomes		Date 05/29/2024	
Signature of Authorized Person 			

FILED

MAY 29 2024

BY F2RSkg

MAIL TO:

Division of Business Services

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