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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
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 <u>1684396</u>		2. Exact name of the Limited Liability Company <b>CL OPERATING LLC</b>	
3. NAICS Code <u>623110</u>		4. Brief description of the character of business conducted in Rhode Island <b>SKILLED NURSING FACILITY</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>999 SOUTH MAIN STREET</b>		City <b>PASCOAG</b>	State <b>RI</b>
Zip <b>02859</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>MARGARET VACCARO</b>		Contact Title <b>NURSING HOME ADMINISTRATOR</b>	
Street Address <b>999 SOUTH MAIN STREET</b>		City <b>PASCOAG</b>	State <b>RI</b>
Zip <b>02859</b>			
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 <b>MARGARET VACCARO</b>		Date <b>10/07/2024</b>	
Signature of Authorized Person <i>Maryann Vaccaro</i>			

FILED

OCT 23 2024  
BY RA521

AA. 3:26 pm.

MAIL TO:  
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