

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025 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.

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1. Entity ID Number 001685103	2. Exact name of the Limited Liability Company CT Mark, LLC				
3. NAICS Code 722511	Brief description of the character of business conducted in Rhode Island Full-service restaurant				
5. State of Formation RI					
6. Principal Office Address 1 Charlestown Beach Ro	ad	City Charlestown	State RI	Zip 02813	
7. Mailing Address of Limite	d Liability Company and Nam	e or Title of Contact Person	······································		
Contact Name Tyler C. Carlson		Contact Title Authorized Person			
Street Address 1 Charlestown Beach Road		City Charlestown	State RI	Zip 02813	
8. The Resident Agent inform	nation currently of record with	the RI Department of State is acc	urate. Changes requ	ire filing Form 642.	
	declare and affirm that I ha atements contained herein	ve examined this report, including are true and correct.	ng any accompany	ing schedules and	
Name of Authorized Person	of Authorized Person Tyles Carlism		Date 3 /	Date 2/7/25	
Signature of Authorized Pers	son // ///				

MAIL TO:

Division of Business Services

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FILED FEB 12 2025 BY 3384