



State of Rhode Island  
Department of State - Business Services Division

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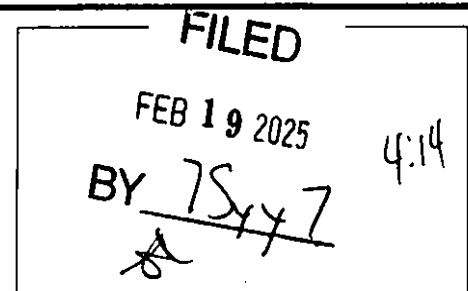
Annual Report for the year: 2024  
Partnership (LP, LLP, LLLP)

- 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<br><b>50014</b>                                                                                                                                                                                                |  | 2. Exact Name of the Partnership<br><b>Cornerbend Associates, L.P.</b>                                                       |                    |
| 3. NAICS Code<br><b>531390</b>                                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Ownership and operation of real estate</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                                                 |  |                                                                                                                              |                    |
| 6. Principal Office Address<br><b>57 Ledge Road</b>                                                                                                                                                                                |  | City<br><b>Newport</b>                                                                                                       | State<br><b>RI</b> |
|                                                                                                                                                                                                                                    |  | Zip<br><b>02840</b>                                                                                                          |                    |
| 7. The name and business address of each general partner or one or more partner(s):<br><i>LP and LLLP only: an amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (foreign).</i> |  |                                                                                                                              |                    |
| PARTNER                                                                                                                                                                                                                            |  | BUSINESS ADDRESS                                                                                                             |                    |
| Stephen R. Lewinstein                                                                                                                                                                                                              |  | 57 Ledge Road, Newport, RI 02840                                                                                             |                    |
| Janice Brody                                                                                                                                                                                                                       |  | 57 Ledge Road, Newport, RI 02840                                                                                             |                    |
| Donald Brody & T. Michelson                                                                                                                                                                                                        |  | 57 Ledge Road, Newport, RI 02840                                                                                             |                    |
|                                                                                                                                                                                                                                    |  |                                                                                                                              |                    |
| 8. Under penalty of perjury, I declare and affirm that I have examined this report, and that all statements contained herein are true and correct.                                                                                 |  |                                                                                                                              |                    |
| Name of General Partner or Authorized Representative<br><b>Stephen R. Lewinstein</b>                                                                                                                                               |  | Date<br><b>2/19/2025</b>                                                                                                     |                    |
| Signature of General Partner or Authorized Representative<br><i>Stephen R. Lewinstein</i>                                                                                                                                          |  |                                                                                                                              |                    |

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)





State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

February 19, 2025 04:14 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

