

Annual Report for the year: 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	2. Exact name of the Limite	2. Exact name of the Limited Liability Company			
000099873	C.I.A., LLC	C.I.A., LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
53110	Residential real esta	Residential real estate rentals			
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
1580 Wampanoag Trail, #200E		Barrington	RI	02806	
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person	- - 		
Contact Name Christopher E. Cuzzone		Contact Title Operating Manager			
Street Address 1580 Wampanoag Trail, #200E		City Barrington	State RI	^{Z₁p} 02806	
8. The Resident Agent infor	nation currently of record with the	RI Department of State is accur	ate. Changes requir	e filing Form 642.	
	y, I declare and affirm that I have atements contained herein are (ing any accompany	ving schedules and	
Name of Authorized Person			Date		
	one		02/19/2025		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov