

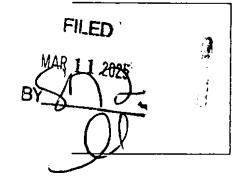
State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company**

2025

→ 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 141842	2. Exact name of the Limited Liability Company CAUSEWAY, LLC			
3. NAICS Code 531120	Brief description of the character of business conducted in Rhode Island TO DEAL WITH REAL ESTATE			
5. State of Formation RHODE ISLAND				
6. Principal Office Address		City	State	Zip
90 DOUGLAS PIKE		SMITHFIELD	RI	02917
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person		!
Contact Name PAUL T. SURABIAN		Contact Title TRUSTEE		
Street Address 90 DOUGLAS PIKE		City SMITHFIELD	State RI	^{Zip} 02917
8. The Resident Agent inform	nation currently of record with the	RI Department of State is accurate	le. Changes requir	
9. Under penalty of perjury, statements, and that all sta	, I declare and affirm that I have tements contained herein are t	examined this report, including rue and correct.	g any accompany	ing schedules and
Name of Authorized Person			Date	
PAUL T. SURABIAN, TRUSTEE			02/12/2025	
Signature of Authorized Pers	on		•	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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