



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.



1. Entity ID Number 001663063	2. Exact name of the Limited Liability Company City by-the-sea Insurance, LLC 4. Brief description of the character of business conducted in Rhode Island to provide insurance services			
3. NAICS Code 524113				
5. State of Formation RI				
6. Principal Office Address 26 Washington Square, Suite 5		City Newport	State RI	Zip 02840
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person		
Contact Name Robert J. Leary, Jr.		Contact Title Manager		
Street Address 26 Washington Square, Suite 5		City Newport	State RI	Zip 02840
8. The Resident Agent info	rmation currently of record with t	the RI Department of State is a	ccurate. Changes requ	ire filing Form 642.
	I declare and affirm that I hav tatements contained herein a		ding any accompanyl	ing schedules and
Name of Authorized Person	The	Robert Leany	Date /	24/2025
Signature of Authorized Pe	rson	_	• • •	

MAIL TO:

Division of Business Services

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

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