State of Rhode Island
Department of State - Business Services Division

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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	2. Exact name of the Limited Liability Company		
001689432	CLIFFSIDE INN, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
721110	OPERATION AND MANAGEMENT OF A BOUTIQUE HOTEL AND INN		
5. State of Formation			
RHODE ISLAND			
6. Principal Office Address	City	State	Zip
2 SEAVIEW AVENUE	NEWPORT	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: CHARLES C HAJJAR	Contact Title: MANAGER		
Street Address: 30 ADAMS STREET	City: MILTON	State: MA	Zip: 02186
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. ***Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.***			
Name of Authorized Person: CHARLES C HAJJAR		Date: 04/25/2025	
Signature of Authorized Person			

FILED
MAY 09 2025 02
BY 12510

MAIL TO:
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