

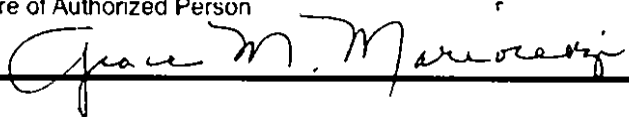


State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**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.

**FILED**  
**FEB 15 2023**  
 BY 430 DS  
**STAMP**

1. Entity ID Number <b>126412</b>		2. Exact name of the Limited Liability Company <b>CUMBERLAND MEDICAL ASSOCIATES,LLC</b>	
3. NAICS Code <b>531120</b>		4. Brief description of the character of business conducted in Rhode Island <b>Purchase,sale,and rental of real estate.</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>216 East Shore Road</b>		City <b>Jamestown</b>	State <b>RI</b>
		Zip <b>02835</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Grace M. Mariorenzi</b>		Contact Title <b>Member</b>	
Street Address <b>216 East Shore Road</b>		City <b>Jamestown</b>	State <b>RI</b>
		Zip <b>02835</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person <b>Grace M. Mariorenzi</b>		Date <b>2-6-2023</b>	
Signature of Authorized Person 			

**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)