



State of Rhode Island
Department of State - Business Services Division

MAR 01 2024
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STATE OF RHODE ISLAND
DEPARTMENT OF STATE

Annual Report for the year: 2024
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 126412		2. Exact name of the Limited Liability Company CUMBERLAND MEDICAL ASSOCIATES, LLC	
3. NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Purchase, sale, and rental of real estate.	
5. State of Formation RI			
6. Principal Office Address 216 East Shore Road		City Jamestown	State RI
Zip 02835			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Grace M. Mariorenzi		Contact Title Member	
Street Address 216 East Shore Road		City Jamestown	State RI
Zip 02835			
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 Grace M. Mariorenzi		Date 2-22-2024	
Signature of Authorized Person <i>Grace M. Mariorenzi</i>			

MAIL TO:
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