



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Partnership  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-13.1-212(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-13-212(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

1. ID No. 000097131

2. Exact Name of the Partnership Cumberland Associates of Rhode Island, L.P.

3. State of Formation

State: DE

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REAL ESTATE

5. Principal Office Address

No. and Street: 4500 DORR STREET

City or Town: TOLEDO

State: OH

Zip: 43615

Country: USA

6. The name and business address of each general partner is:

*An amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (Foreign)*

| Title   | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------|--|--|
| PARTNER | HEALTH RESOURCES OF CUMBERLAND, INC.           | 4500 DORR STREET<br>TOLEDO, OH 43615 USA                   |

**7. This report must be executed by a General Partner or by an Authorized Representative pursuant to R.I.G.L. 7-13.1.**

**Signed this 2 Day of May, 2024 at 6:28:55 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1*

By MATTHEW MCQUEEN  
Signature of Authorized Person

Form No. 643  
Revised 10/23

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