



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000129981		2. Exact name of the limited liability company Chenault Realty, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island acquire, develop under Title 7-16	
5. Principal office address 62 Lonsdale Street		City West Warwick	State RI
			Zip 02893
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name David A. Chenault		Contact Title Manager	
Street Address 62 Lonsdale Street		City West Warwick	State RI
			Zip 02893
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name David A. Chenault		Manager Name	
Street Address 62 Lonsdale Street		Street Address	
City West Warwick	State RI	Zip 02893	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City State Zip	City State Zip	City State Zip	City State Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Andrew G. Sholes		Address	
Address 1375 Warwick Avenue		City Warwick	Zip 02888

FILED

JUN 13 2008

By AMF

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000129981

12:01 60706

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.

David A. Chenault
Signature of Authorized Person

3-20-08
Date

David A. Chenault

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY