



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 2006

**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
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		

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 JUN 13 PM 12:01

**FILED**

**JUN 13 2008**

By AMF  
12:01  
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**000129981**

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

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      3-20-08  
Signature of Authorized Person      Date  
**David A. Chenault**  
Print or Type Name of Authorized Person