



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 2008

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. 86252		2. Exact name of the limited liability company The Lynch-Chase, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE MANAGEMENT, ACQUISITION AND SALE	
5. Principal office address 60 HEATON ORCHARD ROAD		City RICHMOND	State RI
		Zip 02892	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Martha L. Lynch		Contact Title	
Street Address 60 HEATON ORCHARD ROAD		City RICHMOND	State RI
		Zip 02892	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 JOHN M. HARPOOTIAN, ESQ.		Address 1000 CHAPEL VIEW BOULEVARD, SUITE 220	
Address PASTER & HARPOOTIAN, LTD.		City CRANSTON	Zip 02920

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

86252

FILED

File Date	OCT 17 2008
Check No.	By 1463
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.

Martha L. Lynch 10/16/08
Signature of Authorized Person Date
Martha L. Lynch
Print or Type Name of Authorized Person