



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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(7)) is subject to a penalty fee of \$25.00.

1. ID No. 138400		2. Exact name of the limited liability company CHSH Realty LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Realty/Rental	
5. Principal office address 28 Sherman Avenue		City Riverside	State RI
		Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Christopher F. Howe, Jr.		Contact Title Manager	
Street Address 28 Sherman Avenue		City Riverside	State RI
		Zip 02915	
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	Zip	City
State			State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State			State
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2009 OCT - 1 AM 11:06
2009 JUL 31 AM 11:38

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

138400

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.

Signature of Authorized Person Christopher F. Howe Jr. Date 7-30-09
Print or Type Name of Authorized Person Christopher F. Howe Jr.

File Date	FILED
Check No.	OCT 01 2009
By	By <u>100240 11/06</u>
FOR SECRETARY OF STATE USE ONLY	