



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

RECEIVED

11-10-09

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 2009

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&c)) is subject to a penalty fee of \$25.00.

1. ID No. 140382		2. Exact name of the limited liability company Chartler Properties, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase, develop, sell and rent real estate and all related activities.			
5. Principal office address 9 High Meadow Road		City Little Compton	State RI	Zip 02837	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kimberly D. Chartier			Contact Title Manager		
Street Address 9 High Meadow Road		City Little Compton	State RI	Zip 02837	
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) ☐					
Manager Name Richard R. Chartier			Manager Name Kimberly D. Chartier		
Street Address 9 High Meadow Road		Street Address 9 High Meadow Road			
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Orson and Brusini Ltd.					

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

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 Date **10/10/09**

Kimberly D. Chartier, Manager

Print or Type Name of Authorized Person

File Date FILED
Check No NOV 12 2009
By: By 1733
FOR SECRETARY OF STATE USE ONLY