



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 2011

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

1. ID No. 111232		2. Exact name of the limited liability company Conroy/Chad, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Commercial property available for rent to a business			
5. Principal office address 510 East Main Road, Unit 12		City Middletown	State RI	Zip 02842	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Trudy Conroy			Contact Title co owner		
Street Address 30 2nd Street		City Newport	State RI	Zip 02840	
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 Trudy Conroy			Manager Name Priscilla Chad		
Street Address 30 2nd Street		Street Address 70 Bridle Path Circle			
City Newport	State RI	Zip 02840	City Pinehurst	State NC	Zip 28374
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					

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

111232

FILED

File Date	SEP 26 2011
Check No.	By <u>mmc</u>
By:	<u>1384</u>
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.

Trudy Conroy 9-23-11
Signature of Authorized Person Date
Trudy Conroy
Print or Type Name of Authorized Person