

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

		ne of the limited liability		- '		
158227	PAQUA	PROPERTIES, LL	.C			
3. State of Formation	4. Brief desc	ription of the characte	r of business conducted in Rh	node Island		
RHODE ISLAND		Purchase, own, develop and invest in commercial and residential real estate				
5. Principal office address 336 Child Street		City Warren	State RI	Zip 02885		
	OF LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTAC	T PERSON:		
Contact Name Richard T. Chaffee			Contact Title Manager			
Street Address PO Box 302			City Warren	State RI	Zip 02885	
7. LIST ALL MANAGER	S (NAMES AND ADD	RESSES) OF THE LII	MITED LIABILITY COMPAN)	Y, IF APPLICABLE - DO	NOT LIST MEMBERS	
("X" BOX FOR ATTAC	CHMENT)					
("X" BOX FOR ATTAC	CHMENT)		Manager Name			
Manager Name Richard T. Chaffee	CHMENT)					
Manager Name Richard T. Chaffee Street Address	CHMENT)	Zip 02885	Manager Name	State	Zip	
Manager Name Richard T. Chaffee Street Address PO Box 302 City	State	Zip	Manager Name Street Address			
Manager Name Richard T. Chaffee Street Address PO Box 302 City Warren	State	Zip	Manager Name Street Address City			
Manager Name Richard T. Chaffee Street Address PO Box 302 City Warren Manager Name	State	Zip	Manager Name Street Address City Manager Name			
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FILED
NOV 29 2012
By MMC
Ch # 92502

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 of the statements of the statement of the statements of the statement of the statement

wenber 10/3/18

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012