

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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.

1, Entity ID No.		2. Exact name of the limited liability company					
105293	Champa	Champagne Properties, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Ownersh	Ownership and rental of residential real estate					
5. Principal office address 110 Cherry Hill Drive	e		City Seekonk	State MA	Zip 02771		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:			
Contact Name Thelma E. Burbank	ot Name I ma E. Burbank Address	Contact Title Member					
Street Address 110 Cherry Hill Drive	treet Address 110 Cherry Hill Drive			State MA	Zip 02771		
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	, IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN RI	HODE ISLAND						
This information is current	tly of record in th	Office of the Seci	retary of State. Changes requir	e filing Form 642.			
			- <u>- '</u>				

File Date FILED		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.		
Check No	OCF 0 1 2013	Thelma E. Burbank	9-26-13	
By:	./.	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONEY	10429	Thelma E. Burbank		
TOTAL OF STATE OF CHELT		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012