

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 2014

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.

91411		2. Exact name of the limited liability company Chapel Associates, LLC				
3. State of Formation Rhode Island		Brief description of the character of business conducted in Rhode Island Development of Real Estate				
5. Principal office address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919	
6. MAILING ADDRESS (OF LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:	<u></u> _	
Contact Name Alfred Carpionato			Contact Title Member			
Street Address 1414 Atwood Avenue			City Johnston	State RI	Zip 02919	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC	S (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT LIST MEMBE	
Manager Name			Manager Name	Manager Name		
•						
Street Address			Street Address			
Street Address	State	Zip	Street Address City	State	Zip	
	State	Zip		State	Zip	
City Manager Name	State	Zip	City	State	Zip	
City	State	Zip	City Manager Name	State	Zip Zip	
City Manager Name Street Address	State		City Manager Name Street Address			

FILED

NOV 03 2014

BY 4255

	Under penalty of perjury, I declare and affirm that I have examined
File Date	this report including any accompanying schedules and statements, appripal statements equal to the statements appripal statements.
Check No	1 State 1 / 1 / 10/24/14
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Alfred Carpignato Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012