

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 2015

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. 734679		2. Exact name of the limited liability company CHIPPEWA LLC					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	To acqui	To acquire and invest in such interests in real estate					
5. Principal office address 137 Main Street			City Westerly	State RI	Zip 02891		
6 MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT	PERSON	4.00		
Contact Name Robert J. Vuono			Contact Title				
Street Address 137 Main Street			City Westerly	State RI	Zip 02891		
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH!		RESSES) OF THE	LIMITED LIABILITY COMPANY,	FAPPLICABLE - DO	NOTELST MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
8. RIEŚIDENT AGENTANIRI	TANK AND A STATE OF THE PARTY O						
This information is current	tly of record in the	Office of the Secr	etary of State. Changes require	Tiling Form 642.			

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BY	(350
File Date 225	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 E	and that all statements contained herein are true and correct.
By:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Robert J. Vuono
FOR SECRETARY OF STATE USE ONET	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012