

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.	2. Exact name	of the limited liab	ility company	4000		
826852	Cho	Charpe Trivestments, LLC. 4. Brief description of the character of business conducted in Rhode Island				
3. State of Formation	4. Brief descri	ption of the charac	ter of business conducted in	Rhode Island	,	
RI	Invest	ing in R	Eal Estate, Pr	operty Mgt, Veh	icles, businesses, et	
Frincipal office address 564 Hopkins Hill RD			City West On	renwich 12I	2ip 02817	
6 MAILING ADDRESS OF LII	VITED LIABILITY	COMPANY AND	NAME OR TITLE OF CONT.	ACT PERSON:		
Contact Name			Contact Title	Contact Title		
Jason Charpentier			Member	City State RI CABIT		
Jason Charpentier Street Address 564 Hopkins Hill LD			City	State RI	Zip	
564 Hopkin	15 (1-11)	← ()	1 WEST 60	ZENWICH	_ (<i>O</i> , <i>V</i>)	
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADDR NT)	ESSES) OF THE	LIMITED LIABILITY COMPA	INY, IF APPLICABLE - DU N	UI LISI MEMBERS	
Manager Name			Manager Name			
The state of the s			ŭ			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
- Manager viame					(5.0	
Street Address			Street Address		35 O	
City	State	Zip	City	State	Zip	
8, RESIDENT AGENT IN RHO	DE ISLAND		per element de la companya de la co			
This information is currently			retary of State. Changes re	quire filing Form 642.		
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File Date			
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1907 11			
FOR SEC	RETARY O	F STATE US	EONLY
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Form No. 632 Revised: 01/2012 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.

and that all statements contained herein are true and co

Signature of Authorized Person

JA501 Chaplatic

Print or Type Name of Authorized Person