State of Rhode Island and Providence Plantations Fee: \$50. Office of the Secretary of State				
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040				
Limited Liability Comp Annual Report Filing Period: September 1 -				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2016				
1. ID No. <u>000482467</u>				
2. Exact Name of the Limited Liability Company Village at Chopmist, LLC				
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of the Property management	Character of the Business	Which is Actu	ally Conducted	l in Rhode Island
5. Principal Office Addres	S			
	OAKLAWN AVENUE ISTON	State: <u>RI</u>	Zip: <u>02920</u>	Country: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and	Name or Title	e of Contact Pe	rson:
	<u>/ CAPRIO</u> Contact Title: DAKLAWN AVENUE STON	State: <u>RI</u>	Zip: <u>02920</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Addre	
	First, Middle, Last, Suffix	Addre	ss, City or Town, Sta	ate, Zip Code, Country
	HODE ISLAND - DO NOT AL of Form 642 - R.I.G.L. 7-16			
ANTHONY M. CAPRIO 1055 OAKLAWN AVENUE CRANSTON, RI 02920				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

Signed this 12 Day of January, 2016 at 12:58:38 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANTHONY CAPRIO

Signature of Authorized Person

Form No. 632 Revised 09/07

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