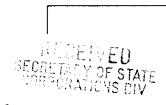


## State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

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



2016 JUH 14 AM 9: 40

Limited Liability Compa Filing period: September 1 - N Filing Fee: \$50.00 *FAILURE	lovember 1	-		 JLT IN A \$25.00	PENALTY FEE.
1. Entity ID Number					
	2. Exact name of the Limited Liability Company				
000149728	Charron Management LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
RI	MANAGE REAL ESTATE				
5. Principal Office Address			City	State	Zip
8 SPRUCE STREET			BARRINGTON	RI	02806
6. Mailing Address of Limited Lia	ability Company a	and Name or Tit	e of Contact Person		
Contact Name SHIRLEY M. SILVIA			Contact Title MANAGER		
Street Address 8 SPRUCE STREET			City BARRINGTON	State RI	<sup>Zip</sup> 02806
7. List ALL managers (names a	nd addresses) of	the Limited Lial	oility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS
Manager Name SHIRLEY M. SILVIA			Manager Name		
Street Address 8 SPRUCE STREET			Street Address		
City BARRINGTON	State RI	<sup>Zip</sup> 02806	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		.d. ,, ,, ,,,	Check	k the box to indicat	e an attachment
8. Resident Agent in Rhode Islan	nd This information	is currently of rec	cord in the Department of State. Ch	nanges require filing	Form 642.
Under penalty of perjury, I dec statements, and that all states				any accompanyle	g schedules and
Name of Authorized Person				Date	
SHIRLEY M. SILVIA				6/3/16	
Signature of Authorized Person	Beria	SIGN DOC	JMENT HERE	9	.42 AM

FILED

JUN 1 4 2016

By 276612

Form No. 632 Revised: 2016