



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

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 14 AM 9:40

Limited Liability Company Annual Report for the year: 2013

Filing period: September 1 - November 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT 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 Liability Company and Name or Title of Contact Person					
Contact Name SHIRLEY M. SILVIA			Contact Title MANAGER		
Street Address 8 SPRUCE STREET		City BARRINGTON	State RI	Zip 02806	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name SHIRLEY M. SILVIA			Manager Name		
Street Address 8 SPRUCE STREET			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
8. Resident Agent in Rhode Island This information is currently of record in the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person SHIRLEY M. SILVIA				Date 6/3/16	
Signature of Authorized Person <i>Shirley M. Silvia</i> SIGN DOCUMENT HERE 9:42 AM					

FILED

JUN 14 2016

By 276612
KM