



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

**Annual Report for the year:** 2016  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |  |                                                                                                     |  |                              |  |                    |  |                          |  |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|------------------------------|--|--------------------|--|--------------------------|--|------------|--|
| <b>1. Entity ID Number</b><br>796908                                                                                                                                                                        |  | <b>2. Exact name of the Limited Liability Company</b><br>Chowanec Well Drilling, LLC                |  |                              |  |                    |  |                          |  |            |  |
| <b>3. NAICS Code</b><br>23 - Construction                                                                                                                                                                   |  | <b>4. Brief description of the character of business conducted in Rhode Island</b><br>Well Drilling |  |                              |  |                    |  |                          |  |            |  |
| <b>5. State of Formation</b><br>Rhode Island                                                                                                                                                                |  |                                                                                                     |  |                              |  |                    |  |                          |  |            |  |
| <b>6. Principal Office Address</b><br>98 Old Willimantic Road P.O. Box 142                                                                                                                                  |  |                                                                                                     |  | <b>City</b><br>Columbia      |  | <b>State</b><br>CT |  | <b>Zip</b><br>06237      |  |            |  |
| <b>7. Mailing Address of Limited Liability Company and Name or Title of Contact Person</b>                                                                                                                  |  |                                                                                                     |  |                              |  |                    |  |                          |  |            |  |
| <b>Contact Name</b> Isaac Chowanec                                                                                                                                                                          |  |                                                                                                     |  | <b>Contact Title</b> Manager |  |                    |  |                          |  |            |  |
| <b>Street Address</b> 98 Old Willimantic Road P.O. Box 142                                                                                                                                                  |  |                                                                                                     |  | <b>City</b> Columbia         |  | <b>State</b> CT    |  | <b>Zip</b> 06237         |  |            |  |
| <b>8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS</b>                                                                                     |  |                                                                                                     |  |                              |  |                    |  |                          |  |            |  |
| <b>Manager Name</b>                                                                                                                                                                                         |  |                                                                                                     |  | <b>Manager Name</b>          |  |                    |  |                          |  |            |  |
| <b>Street Address</b>                                                                                                                                                                                       |  |                                                                                                     |  | <b>Street Address</b>        |  |                    |  |                          |  |            |  |
| <b>City</b>                                                                                                                                                                                                 |  | <b>State</b>                                                                                        |  | <b>Zip</b>                   |  | <b>City</b>        |  | <b>State</b>             |  | <b>Zip</b> |  |
| <b>Manager Name</b>                                                                                                                                                                                         |  |                                                                                                     |  | <b>Manager Name</b>          |  |                    |  |                          |  |            |  |
| <b>Street Address</b>                                                                                                                                                                                       |  |                                                                                                     |  | <b>Street Address</b>        |  |                    |  |                          |  |            |  |
| <b>City</b>                                                                                                                                                                                                 |  | <b>State</b>                                                                                        |  | <b>Zip</b>                   |  | <b>City</b>        |  | <b>State</b>             |  | <b>Zip</b> |  |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |  |                                                                                                     |  |                              |  |                    |  |                          |  |            |  |
| <b>9. Resident Agent in Rhode Island.</b> This information is currently of record with the Department of State. Changes require filing Form 642.                                                            |  |                                                                                                     |  |                              |  |                    |  |                          |  |            |  |
| <i>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.</i> |  |                                                                                                     |  |                              |  |                    |  |                          |  |            |  |
| <b>Name of Authorized Person</b><br>Isaac Chowanec ✓                                                                                                                                                        |  |                                                                                                     |  |                              |  |                    |  | <b>Date</b><br>✓ 9-24-16 |  |            |  |
| <b>Signature of Authorized Person</b><br><b>SIGN DOCUMENT HERE</b>                                                                                                                                          |  |                                                                                                     |  |                              |  |                    |  |                          |  |            |  |

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED** ✓  
**OCT 05 2016**  
BY 7100