State
Dep

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company						
1056025	Chief Properties, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
53 - Real Estate and Rental ar	Real estate holding and management company						
5. State of Formation	1						
Ri	 						
6. Principal Office Address		·	City	State	Zip		
P.O. Box 2703			Attleboro Falls	MA	02763		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Jacob Crowley			Contact Title Member				
Street Address P.O. Box 2703			City Attleboro Falls	State MA	^{Zip} 02763		
	nd addresses) of	the Limited Liabil	ity Company, IF APPLICABLE - D	O NOT LIST ME	MBERS		
Manager Name None	Ione Manager Name None						
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name None			Manager Name None				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with 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				Date			
Jacob Crowley, Member				10/21	1/16		
Signature of Authorized Person GEN DOCUMENT HERE							

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 2 7 2016

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