

2016 NOV	<b>R.I.</b> D.S BUS
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## 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							
75049	Chapman and Partners Graphic Communications and Real Estate Development, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
81 - Other Services (except Pub	Graphic Communications							
5. State of Formation								
Rhode Island								
6. Principal Office Address			City		State	Zip		
P.O. Box 821			Bristol		RI	02809		
7. Mailing Address of Limited Lia		nd Name or Title						
Contact Name David R. Chapman			Contact Title Manager					
Street Address P.O. Box 821			City Bristol		State RI	<sup>Zip</sup> 02809		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name David R. Chapman			Manager Name Margaret M. Chapman					
Street Address P.O. Box 821			Street Address P.O. Box 821					
City Bristol	State Ri	<sup>Zip</sup> 02809	City Bristol		State RI	<sup>Zip</sup> 02809		
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
	Check the box to indicate an attachment							
9. Resident Agent in Rhode Islan	d. This information	is currently of rec	ord with the Department	of State. Char	nges require filing l	Form 642.		
Under penalty of perjury, I dec statements, and that all statem			•	luding any a	accompanying :	schedules and		
Name of Authorized Person					Date / /			
David R. Chapman	hapman				11/04/2016			
Signature of Authorized Person SIGN 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** 

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